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U.S. Interdepartmental Social Hygiene Board

Washington

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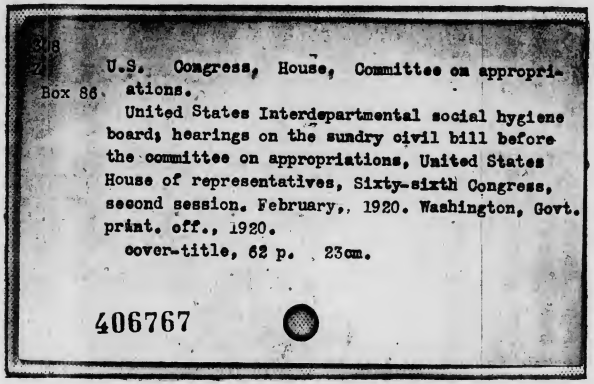

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UNITED STATES INTERDEPARTMENTAL SOCIAL HYGIENE BOARD

HEARINGS

ON THE

SUNDRY CIVIL BILL

BEFORE THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES HOUSE OF REPRESENTATIVES

SIXTY-SIXTH CONGRESS

SECOND SESSION

FEBRUARY, 1920

WASHINGTON
GOVERNMENT PRINTING OFFICE
1920

FRIDAY, FEBRUARY 13, 1920.

UNITED STATES INTERDEPARTMENTAL SOCIAL HYGIENE BOARD.

STATEMENTS OF HON. JOSEPHUS DANIELS, CHAIRMAN; HON. GEORGE E. CHAMBERLAIN, A UNITED STATES SENATOR FROM THE STATE OF OREGON; ASST. SURG. GEN. C. C. PIERCE, OF THE UNITED STATES PUBLIC HEALTH SERVICE, MEMBER OF THE EXECUTIVE COMMITTEE; DR. T. A. STOREY, EXECUTIVE SECRETARY; AND MR. CHARLES E. MINER.

GENERAL STATEMENT BY SECRETARY DANIELS.

Secretary DANIELS. Mr. Chairman, I have the honor to be the chairman of the Interdepartmental Social Hygiene Board, which was organized during the war for the protection of soldiers and sailors and the civilian population from venereal diseases. My feeling is this: That these diseases are worse in their ravages than cancer, tuberculosis, or yellow fever. Good work is being done by the board for the protection of men in the Army and Navy, and it is also of very great value to the civilian population as a whole. Under the operations of this board 46 States have begun to cooperate with us and are coworkers with us in the effort to stamp out these diseases and to reduce their ravages in the States. Better educational methods for the prevention of venereal disease have been developed in the curriculums of 31 normal schools, colleges, and universities in 28 States, and plans are under way to reach other influential and dominating educational institutions in other States. Research activities for the discovery of better medical methods of prevention and treatment of venereal disease have been made possible by support from the board in 20 of our best American scientific institutions. We are asking that that work be continued along the same lines that have been followed during the past year, with some decrease in the appropriation. Dr. Storey, the executive secretary of the board, will point out in what particulars it can be decreased and will explain the estimate in detail.

In some respects this work is in line with what you do for agriculture. For instance, you appropriate money for the eradication of diseases among hogs, and surely men and women are worth more than many hogs. We have begun this work in accordance with directions from Congress, and we ought to carry it along, at least until the States have their plans working. I earnestly hope that this appropriation will be continued.

The CHAIRMAN. Have you given any thought to the question of the duplications that might arise in the expenditure of this money in creating organizations in the very localities where the Public Health Service has already established agencies for carrying on this work?

Secretary DANIELS. I do not think there is any duplication, because the Secretary of the Treasury is a member of the board, and Dr. Pierce, representing the Public Health Service, is also a member of the board. The functions of the board and of the Public

Health Service are distinct. Our cooperation is so complete that we are always preventing duplication.

The CHAIRMAN. One of the officers of the Public Health Service is a member of the board?

Secretary DANIELS. The Secretary of the Treasury is a member of the board and Dr. Pierce, of the Public Health Service of the Treasury, is also a member of the board. Everything that is done, as well as every dollar that is paid out, has the approval of these two representatives of the Treasury Department.

The CHAIRMAN. There is complete cooperation?

Secretary DANIELS. Yes; and no duplication. The advantage of this arrangement is that we have the Public Health Service, the Surgeon General of the Army and his assistant, and the Surgeon General of the Navy all working together for the protection of the civilian population and of the military population. The arrangement is working well and has accomplished much good.

The CHAIRMAN. Is that statement strictly correct now, when you are only working for the military?

Secretary DANIELS. We are not limiting our work to the military. The Treasury Department, the War Department, and the Department of the Navy are working together through this board for the protection of the Army, the Navy, and the civilian population, in conformity with the authorization and directions carried in the act creating the board.

I have a statement here that I would like to have inserted in the record.

The CHAIRMAN. We will be glad to have it.

(The statement referred to is as follows:)

From: Mr. Josephus Daniels, chairman Interdepartmental Social Hygiene Board.

To: House Committee on Appropriations.

GENTLEMEN: As chairman of the Interdepartmental Social Hygiene Board it has seemed to me that I am under obligation to secure first-hand evidence concerning the service of the board, as judged by various informed people in the States who are in position to pass safe judgment, or secure such judgment upon this work.

As a result of my inquiry I find that the action of Congress in making the several appropriations to this board, and the action of this board in requesting the continuation of those appropriations, receives the approval of every State official, every educational official, every public health official, every informed Army officer, and every informed Navy officer with whom I have been in direct or indirect communication. I am advised, too, that this program of the Government receives the support of the women of the Nation, to whom it has a special and powerful appeal.

The information that reaches me from these and other sources reinforces and emphasizes my judgment that the extent and importance of these diseases are such as to completely justify the governmental program of assistance to the States in scientific research, educational research and demonstration, medical protective measures, and social protective measures.

As Secretary of the Navy I can not easily forget the physical deficiencies and health inadequacies revealed in our young men of military age at the time of the enlistment and several drafts during the war. These findings demonstrated the fact that local physical deficiency and local educational deficiency are not to be regarded as regional liabilities, but rather as sources of national injury. While it took the compelling pressure of a great war to emphasize this fact, it will take a great deal more than the short period of peace that we have had to make us forget that fact.

For this reason gonorrhea, syphilis, and chanroid are quite as much matters of national concern, matters of governmental interest, as they are of State

concern. There is, in my judgment, every good and adequate reason for the unimpaired continuation of the several appropriations that were charged to the board when Congress enacted the law establishing the board.

In this same connection and in further support of my contention, I should like to point out that information has reached me through Col. Ashburn, a member of the Interdepartmental Social Hygiene Board, that investigations in the Army as to the sources from which soldiers receive venereal infections indicate that they come from cities and localities in all parts of the United States.

It is very evident that the prostitute—male or female—is not a local but a national liability, and that the responsibility for the carrier of venereal diseases is not a responsibility that is wholly a city, county, or State problem, but that it is equally a problem of the National Government.

Under these circumstances I am more convinced than ever that there should be a continued, mutually cooperative, and supporting relationship established between the National Government of the people and the State government of the people for scientific medical research, for better educational influence, for better and more easily available medical treatment, and for more effective social protection against these diseases.

Finally, I present herewith a few cases taken from our records of over 13,000 delinquents who have received special attention from the agents of the board in our program of protective social measures. These cases emphasize with great force the tragic need for better educational hygiene in childhood and youth, the compelling importance of more extensive and more impressive informational hygiene for the youth and the adult, the demand for better and more easily available medical treatment, and the serious lack of safeguarding facilities for the protection of the public against gonorrhea, syphilis, and chancroid.

Margaret ———, 16 years old. Complaint of this girl came to the Interdepartmental Board from the War Department, several young men having reported Margaret as a source of gonorrheal infection. Her diseased condition was found to be as they stated. Mental examination showed her feebleminded. She said that she was first immoral when in the sixth grade at school and named many boys with whom she had been intimate. Her home surroundings were decent, but her mother found her ungovernable and wished her placed away. This seemed to the field agent of the board to be the only solution for the protection of the girl herself and for her restraint as a common carrier of disease.

Irene ———, Hattiesburg, Miss. This colored girl of 15 years was arrested in a vacant house and found to be diseased. She said that she did not know her parents' names; that it was no one's business if she wanted to live an immoral life. Since coming here she had intercourse with as many as 10 men a night, almost all of whom were soldiers. The number infected by her will, of course, never be known. At last report she was serving sentence under Federal charge, and worker hoped that industrial training could be procured for her on her release.

Hattie ———, 17 years old, Lawton, Okla. This is one of the cases in which there had been no actual offense and no question of disease, but our worker was able to take measures which prevented disaster to a young girl. A lodging-house keeper made the complaint to the police, who reported it to the field agent of this board. A private soldier rented a room for himself and his wife and took the girl to the room in the early evening. While the lodging-house keeper was waiting for official help she made repeated errands in and out of the room in order to prevent harm from coming to the girl. The girl was unaware that the room had been taken in this manner and expected that friends from her home town would come there to meet her. The girl was persuaded by an agent of this board to return home. Our agent later received a letter of appreciation from the girl's mother for the protection given her. The soldier, though not identified and apprehended, was certainly made aware of the danger to himself of such behavior.

Lulu ———, Columbus, Ohio. This white girl of 19 was reported by the police as spending the most of her time with soldiers either colored or white. She stated that she had been immoral for the past five years; was found to be diseased and to have a mentality of 8 years. Her mother's behavior during the examination showed that she also was feeble-minded and so unequal to protecting or controlling the girl. The girl was, at the recommendation of this board, committed to the home for feeble-minded.

Elmira ———, Hempstead, N. Y. This white woman of 27 was reported to a field agent of the board as illegitimately pregnant for the fifth time. She started an immoral life at the age of 15 and was found to be very actively infected. The man involved at the time of her arrest, and possibly the father of her expected child, was a soldier at a neighboring camp. She was found to be of low-grade mentality and was committed at the request of our agent to a reformatory for an indefinite period.

Beatrice ———, Boston, Mass. This girl was referred to the Interdepartmental Board by the War Department. She was 21 years old, had one illegitimate child about a year old in which she showed no normal maternal interest; in fact, was arrested for soliciting on the day that the child had a serious operation. She was supporting herself in part by sewing, but was so badly diseased that her landlady refused to keep her, so she went to work in a restaurant where she was found when first called to the worker's attention. She was found upon examination to be infected with venereal disease. Her occupation is one in which she was a double menace to public health—first as food handler, and then on account of her facilities in making improper appointments to be kept outside of working hours. Worker took measures to insure this woman's treatment for disease and proper care of her baby.

Grace ———. This nurse in a base hospital was found to be actively infected with syphilis. She was reported to the Interdepartmental Board as the source of infection of an officer, and she stated that she had made a great deal of money with officers, and doubtless many others had been infected by her. Undoubtedly more would have been infected had she not been referred for treatment and restraint. She was kept under medical care while worker ascertained that proper guidance and control could be given her in her grandfather's home, where she was later sent.

Allie ———. This feeble-minded girl of 13 went from Kansas City to Leavenworth on invitation and promise of support by a soldier. She stated that she had intercourse with him and that immediately afterwards the woman to whose house he took her brought in several men, who paid the woman but gave the girl no money. The soldier was held in jail for trial. The lodging-house keeper gave heavy bond. The girl was taken home to her parents, who were found to be good people.

Margaret ———, San Diego, Calif. This girl of 17 was arrested by the civil police with a sailor. She told without embarrassment or hesitation of having had relations with him. She seemed rather simple and unable to realize the nature of her conduct. The mother testified that the girl was beyond her control. The girl was diseased, and at recommendation of the field agent of the board was given treatment and then made a ward of the court with the prospect of training in a good school for a couple of years.

Stella ———. This woman of 28, apparently a confirmed prostitute, was found to be diseased. She was arrested in a frame-up and said that her first husband did not support her and she began an immoral life on that account. After divorcing him she married her second husband, with the understanding that she was to continue to make money by prostitution. He left her soon and she continued her career, apparently without check, up to the time that she was arrested at the instance of this board. Her life of prostitution had lasted at least 10 years. It is not possible to know how long her disease had existed and how many men she had infected. She has undoubtedly been the cause of considerable infection among soldiers and would have continued to be so if it had not been for the officers of this board. She is serving sentence on Federal charge, medical treatment being given.

Dorothy ———. This child of 12 was found about the streets of Norfolk late at night with sailors. She was not diseased, but was of immoral habits, feeble-minded, and degenerate. She was accustomed to amuse groups of sailors by dancing naked before them and so was continually in danger of becoming a disease menace as well as an accessory to vice. At request of the field agent she was committed to the State Colony for Epileptic and Feeble-Minded.

Helen ———, ———, N. J. This is an example of the immediate result of educational work done by the field agents of the board in their communities. The girl came to the worker after hearing a lecture on social morality and said that the young man to whom she had been for two years engaged had told her that he had become infected with syphilis in France. Under the Army treatment his condition greatly improved, and it was, therefore, reasonable to hope that he might expect what is known as cure. His doctor, however, advised him remaining unmarried and under treatment for at least two years, and he offered

to release the girl from her engagement. The worker was probably the only well-informed person to whom she could go for sympathetic advice regarding the best plan for her to follow. The worker felt, from the girl's statement, that they should wait and see how the boy's case would develop. The girl was directed to a recreation center and given further advice about the care of her young brother.

Elizabeth ———. This girl of 19 told a pathetic story of a long engagement and persuasion by the soldier whom she still expected would return and marry her. At the time she applied to the clinic for treatment, she asked for care in confinement and later for her baby. She was found to be diseased and had appendicitis. The most thoughtful and considerate attention was given her. Care will be given her during confinement. She will be helped to provide for the baby, and an effort is being made to find its father.

Mary ———, 17 years old. This girl was referred to the Interdepartmental Board by the War Department. She was found, upon examination, to be diseased and told of promiscuous immorality dating back to October, 1918. A visit to her home showed that both parents were alcoholic and conditions so wretched that she could not remain there happily or safely. Her mother was in the habit of collecting the girl's pay before it was due. The girl is not subnormal mentally but was quite jolly about her situation and joked over what her mother would think of her. Since she was only 17 and needed considerable medical care and better moral care and training than she could possibly have at home, and since, indeed, there was no other way in which she could be surely prevented from spreading disease, she was committed to the Industrial School for Girls.

Salina ———. This girl was named by a sailor of the United States Navy as the source of his infection. She was found to be a common street walker who had a long history of promiscuous prostitution. The sailor's statement regarding her diseased condition was verified. The worker believed that on account of her hardened attitude and her history of refusal to profit by past supervision she should be committed to an institution. She has been committed for four months.

ABSTRACT OF UNUSUAL CASE.

JANUARY 7, 1920.

From: Special agent.
To: Col. ———, headquarters.
Subject: List of soldiers and dope taken from notebook of A. B., 24 years old.

1. Inclosed is a list of names taken from the notebook of A. B., a syphilitic prostitute and dope fiend. She was committed to the venereal ward yesterday.

List of soldiers taken from A. B.'s notebook:
Pvt. L., Troop E, Cavalry.
Pvt. B., Battery C, Field Artillery.
T., Battery C, Field Artillery.
E., Troop F, Cavalry.
Pvt. C., Company C, Infantry.
Sergt. C., Battery D, Field Artillery.
Pvt. T., base hospital.
Pvt. J., Battery E, Field Artillery.
Ed., Motor Transport.
R. D., Troop C, Cavalry.
Pvt. H., Company A, Motor Transport.
E., Troop F, Cavalry.
R., Troop D, Cavalry.
C., Troop G, Cavalry.
Sergeant, Troop D, Cavalry.
F., Troop D, Cavalry.

Quotation three weeks later from special report of same agent:

"A. B. was an old case. The military thanked me for turning over this information (letter and A. B.'s list of soldiers). They sent me word that they had compared the list of soldiers and had found that three-fourths of them had been in the venereal ward at the fort, presumably infected by this woman A. B."

SATURDAY, FEBRUARY 14, 1920.

The CHAIRMAN. Dr. Storey, do you desire to make a general statement with regard to these estimates?

Dr. STOREY. No, sir. I think the arguments and facts concerning the importance of this sort of work have been presented to this committee a number of times before and that it is not necessary for me to repeat those facts or secure new ones. I would like to say, however, that the program laid out by Congress two years ago is one that is being followed now by the division of venereal diseases of the Public Health Service and by the United States Inter-Departmental Social Hygiene Board. Congress laid out a distinct function for each to perform. A more intimate corelation is secured through the fact that the director of the division of venereal diseases of the Public Health Service is chairman of the executive committee of the board, but it must not be forgotten that the Secretary of the Treasury and one other member of his department are on the board, so that cooperation is practically assured.

REAPPROPRIATION.

The CHAIRMAN. You had a reappropriation for this year?

Dr. STOREY. Yes, sir.

The CHAIRMAN. How much did you receive through that reappropriation?

Dr. STOREY. There was $100,000 under the administrative appropriation; $770,000 under the appropriation for assistance to the States in caring for infected patients; $89,700 under the appropriation for the assistance of States in the prevention, treatment, and control of venereal diseases; something like $2,000 under the appropriation for scientific research, and uader the appropriation for educational research $133,910 was reappropriated. That makes a total of $1,114,910, approximately.

SALARIES AND MISCELLANEOUS EXPENSES.

The CHAIRMAN. You are asking $100,000 this year for salaries and miscellaneous expenses of the board?

Dr. STOREY. That is for the administration of the central office.

The CHAIRMAN. That is all expended here in Washington?

Dr. STOREY. Yes, sir.

The CHAIRMAN. You estimate that $75,000 will be needed for the payment of salaries?

Dr. STOREY. Yes, sir.

The CHAIRMAN. What is the range of salaries paid out of this appropriation?

Dr. STOREY. Well, they range from the salary of the executive secretary, which is $6,000, down to the salary of a messenger boy, which is $720.

The CHAIRMAN. Have you a force employed now on a basis that would require the total appropriation of $100,000?

Dr. STOREY. At the present time we have not. We have necessarily had to work through the civil service and the civil service, as you know, must get its announcements out to all of the States and open

these positions to competition, so that our application for lists last September secured lists for us late in December and early in January, so that we have had some difficulty in filling all the positions we think we ought to fill in order to make this an effectively working organization. The civil service has helped us all it could. The delay was unavoidable.

The CHAIRMAN. How much have you expended out of the $100,000 item for the first six months?

Dr. STOREY. We have spent up to date $37,454.27; we have liabilities amounting to $4,782.73, leaving a balance for our further organization and expenses of $57,763.

The CHAIRMAN. That is, of this date?

Dr. STOREY. Yes, sir; January 31, approximately of this date.

PERSONNEL.

The CHAIRMAN. Are you attempting now to enlarge your personnel?

Dr. STOREY. We are trying to, yes, sir; I hope to make some additional appointments within the next few days through the civil service. I have been unable to work for the last two or three weeks because of influenza.

The CHAIRMAN. This whole program was a war-time program, was it not?

Dr. STOREY. Well, there is a considerable difference of opinion on that point. I examined rather carefully the hearings held before the Senate Committee on Military Affairs in connection with the bill when it was first proposed, and it was clearly brought out there by Mr. Chamberlain that he was interested in something that would go on after the war was over, and we have been proceeding on the assumption that this was going to be a program of some duration. With your permission, I will add a memorandum from Senator Chamberlain, the last paragraph of which covers this point:

MEMORANDUM FROM THE HON. GEORGE E. CHAMBERLAIN.

GENTLEMEN: I have been very intimately related to the creation of the Interdepartmental Social Hygiene Board. As a Senator from the State of Oregon, I have been close to a very powerful sentiment in my State favoring the eradication of the venereal diseases. The initiative of the Oregon Social Hygiene Association played a useful part in stimulating the interest that led to the enactment of this law.

As chairman of the Military Affairs Committee of the Senate, I presided over the hearing that was held on June 18, 1918, for the consideration of the proposals that were finally enacted into the law which established this board and gave it the obligations which it now carries.

My continued membership on the Military Affairs Committee of the Senate, combined with my genuine sympathy for the work as carried on in my own State, lead me to appear before you to urge the continuation of the several appropriations carried in the original act.

There are more young men in America to-day of military age and, therefore, of potential military value to this country than were here within reach of this board during the period of the war. The importance of protecting these young men and the remainder of the civilian population from venereal disease is just as great and quite as compelling now as it was when this law was proposed to the Military Affairs Committee of the Senate two years ago.

And while it is true that this board and other agencies in the field have done a remarkable piece of work during the last year and a half or more, and have,

among other things, influenced some 32,000 delinquent women and girls, the fact remains that the male and female carriers of gonorrhea, syphilis, and chancroid are dangerously common and continue to be a very serious menace to the man power and the woman power of this country. In my judgment, it would be a serious mistake to cripple in the slightest degree this farsighted investment which the Government has made through the Interdepartmental Social Hygiene Board. I am convinced that the profits to the general public through a continuation of this Federal aid will ultimately be enormously greater than the monetary investments involved. I wish there were some way in which to evaluate the saving in manhood and womanhood, the saving in health and happiness and human productivity that must result from the prolonged and practically successful operation of this program in all of its parts as laid out by Congress and charged to the responsible supervision of this board.

As chairman of the Military Affairs Committee two years ago, I emphasized repeatedly the fact that this legislation was for the establishment of a permanent Federal cooperation with the States for the purpose of producing a permanent influence upon the education and the health of the people of the United States. I should like to reiterate that position here and now, and insist that the continuation of this Federal cooperation with the States is a matter of the very greatest importance. The war has been over since November, 1918, and yet, with our Army and our Navy enormously decreased in size, we have a record of 16,115 cases in the Army and 17,698 cases in the Navy between June 1, 1919, and January 1, 1920, and we know that these diseases are very much more common in civilian than in military life. These are serious war-time diseases. They are even more serious in times of peace.

Very respectfully,

GEORGE E. CHAMBERLAIN.

The CHAIRMAN. You have agents and employees in the various States that you pay out of the other appropriations?

Dr. STOREY. Under the appropriation for the care of civilian persons with venereal diseases we employ personnel and are assigning that personnel either to State departments of health or are locating them in large cities or regions near military or naval camps.

The CHAIRMAN. How many physicians are employed in the central office out of this $100,000?

Dr. STOREY. We are not employing any physicians. We ought to have one man on the central office, with considerable experience with the scientific work connected with venereal diseases in order to get a better supervision of our appropriation for scientific research. But that physician will be employed largely for his scientific training and not because of his therapeutic ability or general medical training.

The CHAIRMAN. Then all the employees under you are practically clerical employees?

Dr. STOREY. Well, the majority of them are.

NOTE.—We necessarily employ trained sociologists, one woman and one man, and several highly experienced social workers.

The CHAIRMAN. Are there any scientific men?

Dr. STOREY. At the present time we have no scientific men, but we need a scientific man for that one line of work. We have another appropriation of $300,000, which is for the assistance of colleges, universities, and other institutions for the development of better methods of education in the prevention of venereal diseases. That work calls for the expert services of well-trained men, and we have helping us out in the field a specialist on hygiene, not a medical man, but a very finely trained, broadly experienced educator.

The CHAIRMAN. Suppose the committee should find it necessary to make a material reduction in the estimates for aid to States, for payments to States for prevention, for payments to universities, etc., to what extent could a reduction safely be made in this estimate or $100,000 for salaries and miscellaneous expenses of the board?

Dr. STOREY. I should hope that that appropriation would not be reduced. We have an appropriation for aiding the States in the care of civilian persons infected with venereal diseases, which could be reduced rather materially. This is the proposition which Mr. Daniels foreshadowed yesterday and which I should like to call to your attention when we reach that item. I hope the material reduction I am proposing for an appropriation may justify you in leaving the others intact.

The CHAIRMAN. But I was wondering just what relation this estimate for salaries and miscellaneous expenses bore to the other estimates where you are estimating for larger sums and whether, in the administration of smaller sums, that would necessarily mean a reduction in your force here?

Dr. STOREY. The fact that we have not been able to develop the activities under the appropriation I spoke of, namely, $1,000,000 for assistance in the care of civilian persons, means that we have not developed our central office to the extent we should have to develop it in case we should complete that organization. Furthermore, the added cost of everything connected with office work is going to make a greater demand upon our appropriation for administrative purposes next year than has been made this year. However, if a substantial reduction were made in the appropriations for assisting States in the prevention, treatment, and control of venereal disease and for the care of civilian persons, the central office expenses could be reduced.

AID TO STATES IN PROTECTION OF MILITARY AND NAVAL FORCES, ETC., AGAINST VENEREAL DISEASES.

The CHAIRMAN. Then, perhaps, we might as well examine those other estimates and, if necessary, return to this estimate. You are asking for aid to States in protection of military and naval forces against venereal diseases $1,000,000?

Dr. STOREY. Yes, sir.

The CHAIRMAN. You have had available for this purpose, in the reappropriation, as I understood you, $770,000?

Dr. STOREY. Yes, sir.

The CHAIRMAN. How much of that have you expended?

Dr. STOREY. We have expended up to January 31 $155,565.13; we have outstanding liabilities of approximately $60,000, and we think we will need for the remainder of the year approximately $300,000; so we expect that our total expenses for the year will be $515,565.13, leaving us a probable balance on June 30 of $254,434.87.

The CHAIRMAN. Just how is that expended?

Dr. STOREY. That is expended on two general programs, one for the assistance of reformatories or detention houses and hospitals in the maintenance of venereally-infected patients; the other for the operation of a general program of protective social measures

employing personnel for assignment either to State departments of health or for the employment of personnel that we locate directly in the regions of military camps and naval camps.

The CHAIRMAN. This is only employed in those States and at the places in States where there are military or naval camps?

Dr. STOREY. Yes, sir.

The CHAIRMAN. With the demobilization of the troops so nearly completed, the fact that you have only expended $155,000 for the first seven months, obligated yourselves for $60,000 more, or a total of $215,000 for the first seven months, and with your work decreasing, how are you going to require $300,000 for the remaining five months?

Dr. STOREY. That is a very proper question. The situation is something like this: During July and August of last summer we proceeded on the assumption that demobilization would very materially reduce venereal disease in the Army and the Navy. It developed, however, that the rates began to increase; from 20 to 30 per 1,000 they went up to 90 or 100 per 1,000; and we decided in September that we were not meeting our obligations as laid down by Congress, and we set about to increase our field service—we had been decreasing it up to that time. In our effort to increase it we had to work through the Civil Service Commission. We have found that commission most helpful, but its obligations to the public necessarily make its action slow. We have been pressing toward an enlargement of our field service ever since late in September or early in October. As I told you, we have been unable to get this personnel until late in December and early in January. The lists that have reached us so far are inadequate. There have been, we find, over 16,000 cases of venereal diseases in the Army and there were 17,000 cases of venereal diseases in the Navy between June 1, 1919, and January 1, 1920. So there is a very compelling reason why we should stop reducing this service and begin to increase the service for the assistance of the Army and of the Navy and the civilian population as well. The problem is tied up intimately with all types of citizenship.

The CHAIRMAN. All of this, then, will be expended for the employment of persons who will be assigned to the health departments of the several States?

Dr. STOREY. Not all of it, but most of it. Our hope is that we may establish in each health department of the States this type of an activity, so that eventually it may become a standard program in the State departments of health and not be limited to a governmental program. We have not been able to get as far with these assignments as we would like because of this delay through the civil service. In those States that do not take it over, as long as we are in activity we will deal directly with the neighborhoods around the military and naval camps and where prostitution is carried on.

In addition, this fund is available for assistance in the maintenance of venereally infected inmates of reformatories, detention homes, etc.

The CHAIRMAN. If I understand your plan, it is not to assume any jurisdiction of the men in the service?

Dr. STOREY. No, sir.

The CHAIRMAN. But it is to assume jurisdiction in so far as the civilian population is concerned in and around the camps where men of the Army or Navy are concentrated?

Dr. STOREY. Yes, sir. The word "jurisdiction" hardly applies, because as a Federal agency we have no police power. We are authorized to locate places from which infection comes, houses of prostitution or houses where prostitution is carried on, and places where the programs of prostitution are found, and then call the attention of the local authorities to the existence of these places from which infection comes to the civilian population and to the Army and to the Navy. We may and often do report those facts also to the commanding officer of the naval or Army establishment that is affected. We are receiving recognition from the War Department itself. Orders have been issued calling our cooperative service to the attention of the various military commanders, and the Sixth Division of the Navy is making use of our service in the same way.

ACTIVITIES.

The CHAIRMAN. Doctor, I wonder whether you could take a typical case around some Army or naval camp and tell us just what you are doing with regard to the administration of this work, where the expense is paid out of this appropriation?

Dr. STOREY. It occurs to me that the presentation that Mr. Daniels left with you yesterday carries some records of cases handled that furnishes the illustration you ask for. He did not read his presentation, but left it with you. Mr. Miner, who is here with me to-day is in charge of the men in our service who go into a city or a district and there go about looking into the places where the programs and machinery for prostitution may be found, in the low-class barber shops, the taxicab activities, the houses of prostitution, and so on; another group of "confidential agents," of which there are at present 12 or 15, go actually into these programs, get into personal contact with what is going on, and make their reports. Then, these reports are presented either to the mayor or to the chief of police of the city concerned, or they are taken to the commanding officer of the military camp that is affected or to the commanding officer of the naval establishment that is affected. Of course, we attempt no law enforcement ourselves; we get the information and point out the necessity for action to the duly authorized local law-enforcing agencies. Sometimes there are local social-hygiene organizations of public-spirited citizens who are very much concerned. If there is the right sort of an organization available our information may be taken to that organization, but at the present time we deal principally with duly constituted civil authorities and with the military and naval authorities.

On the basis of this evidence, and in other ways, individuals with venereal diseases are found, and through due process of law either picked up because of prostitution and brought before a court or apprehended for other reasons. Each one of the women and girls so apprehended is seen by one of our women agents, who very carefully inquires into the history of the delinquent woman or girl and makes an attempt to restore her to her family if she has not gone into the

business of prostitution so far as to be beyond reach. She may be placed on parole if that seems wise. She may be committed to a reformatory or detention house if necessary for a long-time commitment. As you know, the hardened prostitute is pretty likely not to be returnable to community life as a useful citizen, and the best disposition of such a case ordinarily is some form of prolonged mild restraint. We believe it is a mistake simply to cure these people of their venereal diseases and return them to a community for further activity as prostitutes. We try in every case, through the women agents of the board, to protect, care for, and restore the delinquent women or girls to useful and safe citizenship. That is rapidly and perhaps incompletely an outline of what these agents are doing. We have over 13,000 records of careful examinations made of these delinquent cases; we have filed those records, and they will eventually be used for our better guidance in the treatment of this type or group of citizens. Our total contact with women and girls of this type is something like 32,000 individual cases, but we have not been able to give them all the attention which has been given the 13,000 cases I have just referred to.

So far I have noted only the problem of the woman carrier of venereal disease. Of perhaps equal importance, but much more difficult of solution, is the problem of the man carrier. While it is true that the man with gonorrhea, syphilis, or chancroid is a menace to soldiers, sailors, and civilians because of the women and girls he infects, State laws and local ordinances, as a rule, do not operate to control him. Wherever it is possible to do so we treat the man carrier with as much concern as we do the woman.

FIELD AGENTS.

The CHAIRMAN. How many separate places have you in the field where you have this force?

Dr. STOREY. There are 33 States that we are planning to deal with and 257 cities that we are working in.

The CHAIRMAN. We have not 257 Army and Navy camps at the present time throughout the country, have we?

Dr. STOREY. No, sir; but they are under the influence of even a larger number of cities than the number I have stated. Col. Ashburn, of the Surgeon General's Office, and a member of our board, is carrying on a careful inquiry into the sources from which the soldiers receive their infections that get into the hospitals of the Army. It is very clear from his reports that a prostitute is not a local menace; she is a national liability, and Col. Ashburn informs us that the soldiers report their cases from all parts of the country. It is not logical to assert that the cities which are actually adjacent to a camp are the only localities in which infection may occur, because to-day the facilities for transportation are such that this type of disease carrier may be a serious menace and yet be located rather remotely from an Army camp.

The CHAIRMAN. My understanding was that so far as this work was concerned it was not originally intended that you should go out to the smaller places but that you should confine your efforts in and around those Army camps and naval camps and there carry on your work so as to protect the enlisted men from infection, but

as I understand you now you are going out still farther and carrying on work in larger communities on the theory that from those communities will be enlisted men in the Army and in the Navy and therefore it is necessary to purify the stream at its source?

Dr. STOREY. We are not dealing with the question in any localities in which there are not soldiers and sailors in sufficient number to justify our being there. I think there are 710 cities of sufficient size to justify attention from the civilian point of view, but we are carrying on our activities in only 257 of those cities.

The CHAIRMAN. Suppose there was a recruiting organization in a city of some size but no training camp, but because you were getting a good many recruits there, is it your theory that you should have a field force at that place?

Dr. STOREY. No, sir; we have not gone into any city on that basis, but we have gone into every State in which there are at least 500 men permanently located. There are 15 States in which we are not doing any work at all under this appropriation.

The CHAIRMAN. Take a place that I am somewhat familiar with; take Des Moines—Camp Dodge; there is a Regular Army post situated near Fort Des Moines?

Dr. STOREY. Yes, sir.

The CHAIRMAN. How large a field force have you there?

Mr. MINER. We have a female agent at Des Moines. The male agent comes in at intervals and presents information to the officials.

The CHAIRMAN. How many field agents have you, all told?

Dr. STOREY. The number has been increasing some. There were 111 agents on January 31, 1920.

The CHAIRMAN. Is the entire force employed under the description of "agent"?

Dr. STOREY. We have a small number of "supervisors," a larger number of "field agents," and a small number of "assistant field agents" at the present time. We have also a few "confidential" agents. We are hoping to increase those numbers.

The CHAIRMAN. Do you remember what your total field force is, approximately?

Mr. MINER. Approximately 100.

The CHAIRMAN. How many of those are women?

Dr. STOREY. A majority. I think there are at the present time 70 or 80 women employed, under the immediate supervision of Miss Henrietta Additon.

Mr. MINER. Eighty women and twenty men, approximately.

The CHAIRMAN. As I understand you, these women are at work locating places of prostitution and getting the names of the prostitutes in a community?

Dr. STOREY. Yes, sir.

The CHAIRMAN. And they are working in conjunction with the local boards of health in furnishing the evidence that will result in a conviction or commitment to some institution where there are cases of hardened prostitutes?

Dr. STOREY. Yes, sir; that is a safe statement. These women are concerned with locating the dance halls in which the machinery of prostitution is evidently present, locating the lower class of theaters in which the programs of prostitution are being carried on, and in the

summer time looking into the condition in the parks and public places of that type. We do not permit our women agents to go into the houses of prostitution themselves—our confidential agents may go—but rather the places in which the machinery is carried on.

The CHAIRMAN. Is it not true that venereal disease is spread more by reason of that class than by the class of women who live through prostitution—the loose morals of girls that are employed in factories and offices, etc., where the disease is contracted and spread in a way that you can not locate it as in houses of prostitution?

Dr. STOREY. That is a hard question to answer. Referring again to Col. Ashburn and his statistics from soldiers, we find that between 40 and 60 per cent of the men who have venereal disease in the Army received their disease from carriers who were not paid anything for the relationship from which the disease came. So it would seem that from 40 to 60 per cent of the veneral diseases in the Army is not from commercial prostitution, and that from 60 per cent to 40 per cent is gratuitously secured. The prostitute may not live in a house of prostitution. She often travels from one place to another. She will put up in a hotel in a town for a few weeks and then go to another town. She has her itinerary. The woman agent is often able to identify that type of carrier and call the attention of the local authorities to her presence in the town, and after getting in contact with her attempt to persuade her, or in other ways get her out of her pursuit.

The CHAIRMAN. Have you the cooperation of the police authorities?

Dr. STOREY. In a great many places, yes; sometimes, no. There have been places in which the commanding officer in the adjacent camp has notified the mayor of the city or town involved that he will declare his city or town out of bounds and permit no soldiers to come to the city until the people take care of their prostitution. There were closed up something like 134 red-light districts during the war. Most of those districts have been kept closed since, partly, at least, through the assistance of the agents of the board.

The CHAIRMAN. What has been your observation with regard to the red-light districts being maintained or permitted now in the cities or towns near Army or Navy camps?

Dr. STOREY. Mr. Miner, how many have been reopened?

Mr. MINER. There has been no red-light district opened within an effective radius of an Army or Navy camp, but there would have been had it not been for the board's agents and other agencies. There have been seven red-light districts reopened in places, but at places where there was no soldier or sailor population. We did not consider that our obligation permitted us to take action in such places. Most of those were small districts. So far as we know, there is now no open red-light district in an effective radius of any military or Navy camp.

The CHAIRMAN. With the authority of the military and naval departments over their respective places, it would seem to me that by either closing down the activity or restricting it in a certain locality, unless the police authorities did provide a health condition, so far as prostitution is concerned, and eliminate it as far as possible, that it would be within the province of the War Department and the Navy Department to enforce a very strict control over the very thing that you are trying to exercise a control over?

Dr. STOREY. I do not believe that they have the authority to go out into a city or village and function that way.

The CHAIRMAN. No; but they have the authority to say to the mayor of a city, "Unless you close this red-light district, unless you stop this trafficking on the streets, we will not send men here; we will close this camp."

Dr. STOREY. Yes, sir.

The CHAIRMAN. It would seem to me that that power would be a great deal more benficial in stamping out the spread of venereal disease than any power that will come through appropriations by Congress to stamp it out, where the police authorities do not exercise very rigid discipline.

Dr. STORY. Our function is to give information to the camp commander so that he can proceed in that manner.

The CHAIRMAN. But the camp commander, where there is a case of venereal disease, I assume, that would sooner or later come to his attention—he knows every case of venereal disease among his troops?

Dr. STOREY. We are advised by the War Department—we have had very intimate relationship with their activities along this line—that they are working toward that sort of a standard in the military camps, but that standard certainly has not generally existed in the past. There have been military men who believed in a segregated district and who would be very unlikely to proceed as you suggest, unless they had some stimulation behind them to press them to so proceed. As I say, the policy of the War Department along this line has been very materially changed or emphasized within the very recent past. There was sent out General Order No. 135, I think within the last few weeks, which very definitely puts it up to the camp commander to reduce the existence of venereal disease in his camp. They are dependent upon outside agencies to give them the information which they need in order to know where the infection comes from. We believe that we are one of the very useful agencies, if not, perhaps, the most useful agency, in connection with the acquirement of that information.

The CHAIRMAN. How do you determine just where you will send the agents of your bureau?

Dr. STOREY. By the number of soldiers and sailors that are present in the community.

The CHAIRMAN. You receive from the War Department and the Navy Department periodically information with regard to where troops are stationed?

Dr. STOREY. Yes, sir.

The CHAIRMAN. And the number of troops stationed at a given point is your guide in determining what investigation you shall make?

Dr. STOREY. Mr. Miner gets those reports at regular intervals from the Army and Navy.

Mr. MINER. All naval orders and all Army orders directing the movement of ships and troops, and a weekly summary, giving complements of all military and naval stations in the United States, come to our office. We are in direct contact in receiving all that information, and other confidential information, which is used for our guidance in directing the activities of our agents.

The CHAIRMAN. Where does the agent make his headquarters when he goes into a city, with the Public Health Service?

Dr. STOREY. He may be there only for a short time and take lodging in some hotel in that part of the town in which he is most likely to come in contact with the program of prostitution.

Mr. BYRNS. I understood you to state a while ago that there were 15 States in which you were not actively at work?

Dr. STOREY. Yes, sir.

Mr. BYRNS. And that you did not do any work in any State unless there were 500 soldiers stationed in the State?

Dr. STOREY. Yes, sir.

Mr. BYRNS. Did you mean by that that you did not do any work in a State unless there were 500 soldiers stationed in a particular locality, or 500 stationed throughout the State?

Dr. STOREY. Do you mean 500 men in one place in a State?

Mr. BYRNS. Yes, sir.

Dr. STOREY. No; we go into a State if the total number of men in the State is 500.

The CHAIRMAN. They might be scattered in 100 different places and you would only have five in a place?

Dr. STOREY. We have no situation of that sort, I do not remember any that that would apply to.

Mr. MINER. No, sir. There are 232 places in the United States of military and naval importance to-day with soldier or sailor population ranging from 50 to 20,000. Frequently men move from one section of the State to another, as for instance when they went into the coal-mining districts of Kansas a short time ago, and a part of our obligation is to those soldiers while in that locality. After they are transferred from that locality our obligation ends there. This temporary obligation applies to ports at which ships of the Navy arrive and sailors are given shore leave.

Mr. BYRNS. In some towns and cities there are recruiting stations where there are possibly half a dozen, maybe more or maybe even less, do you consider that a locality in which to carry on this work?

Dr. STOREY. We have not so regarded the recruiting station, unless it is one of some size.

Mr. BYRNS. I was just wondering, in view of your statement that you did not do any work in a State unless there were 500 soldiers.

Dr. STOREY. I should like to modify that a little. Take Cincinnati. Cincinnati is right across the river from Fort Thomas, and the commanding officer there writes that the great majority of the cases of venereal disease among his troops comes from Cincinnati, which is in another State. We regard Cincinnati as a place in which we should do work, because Cincinnati is the source of infection for a large percentage of the soldiers at Fort Thomas.

Mr. BYRNS. I take it that the same is true with Fort Oglethorpe, Ga., which is just across the line from Chattanooga, Tenn.?

Dr. STOREY. Yes, sir; we are doing some work in Chattanooga partly because of Fort Oglethorpe.

The CHAIRMAN. Have you a list of the cities where you have been operating through your agents?

Dr. STOREY. Yes, sir.

The CHAIRMAN. And the number of troops at each place?

Dr. STOREY. Yes, sir.

The CHAIRMAN. And the reported number of venereal disease cases among the troops at the different places?

Dr. STOREY. Yes, sir.

The CHAIRMAN. Please put that in the record.

Dr. STOREY. Yes, sir. The last item of information would come to us from the War Department. As I told you, that information comes to us confidentially.

The CHAIRMAN. That information has been published by the Secretary of War.

Dr. STOREY. I am not sure; but we will get it for you if we can.

THE PROTECTIVE SOCIAL MEASURES PROGRAM OF THE UNITED STATES INTERDEPARTMENTAL SOCIAL HYGIENE BOARD, WITH LISTS OF CITIES COVERED, MILITARY AND NAVAL STATIONS AND COMPLEMENTS PROTECTED, AND CITIES FROM WHICH VENEREAL INFECTIONS ARE REPORTED.

PROGRAM.

The protective social-measures program of the board is concerned with the following:

(1) Search for foci of venereal disease that may be a menace to soldiers or sailors.

(2) Identification or discovery of individuals who are carriers of venereal disease who may be a menace to soldiers or sailors.

(3) Inquiry into the reasons and conditions that have led these individuals to become carriers of venereal disease.

(4) The preparation of systematic, accurate reports covering the activities of the protective social agents of the board.

(5) The presentation of these reports to law-enforcing agencies through proper channels.

(6) Follow-up investigations covering—

(*a*) The use made of evidence submitted to law-enforcing agencies. The enforcement of laws relating to the prevention of venereal disease.

(*b*) The marshalling of cooperative community forces for the enforcement of laws for the "care of civilian persons whose detention, isolation, quarantine, or commitment to institutions may be found necessary for the protection of the military and naval forces of the United States against venereal disease."

(*c*) The conduct of individuals subsequent to their medical or social treatment for the prevention of venereal disease and the eradication of prostitution.

(*d*) The care of persons while they are quarantined, isolated, or committed to institutions as a measure for the protection of the armed military and naval forces of the United States.

List of cities.

I. States.	II. Military and naval stations with complements thereof.		III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).	
Alabama	Birmingham	41	Birmingham, Anniston, Mobile, Tuscumbia, Montgomery, Florence, Sheffield.	Birmingham	10
	Camp McClellan	23		Coaker	1
	Montgomery	168		Alabama City	1
	Sheffield	1		Decatur	1
				Mobile	5
				Montgomery	8
				Uniontown	1
				Sheffield	1
				Troy	1
				Elba	1
				Mobile	1
				Total cases of venereal disease reported	31

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Arizona	Fort Apache 128 Arivaca 116 Fort Douglas 1,896 Globe 74 Huachuca 1,066 Lochiel 98 Naco 106 Nogales 3,509 Whipple Barracks 417	Douglas, Anjua Pratte, Nogales, Tucson, Phoenix.	Apache 1 Arivaca 1 Douglas 24 Gordon Canyon 8 Lowell 1 Nogales 21 Phoenix 1 Tucson 2 White City 3 Prescott 1 Total cases of venereal disease reported 63
Arkansas	Eberts Field (Lonoke 86 Hot Springs 168 Fort Logan H. Roots 49 Camp Pike 3,740 Little Rock 49	Little Rock, Hot Springs.	Argenta 1 Fort Smith 1 Hot Springs 37 Little Rock 37 Pine Bluff 1 Rogers 1 Fisher 1 Fordyce 1 Paragould 1 Total cases of venereal disease reported 47
California	Alcatraz 287 Beacon (Calexico) 222 Benecia Arsenal 61 El Campo 44 Camp Hearn 287 Camp Kearney 677 General Hospital, Letterman 1,721 Los Angeles 7 Fort McDowell 1,881 March Field 552 Fort Mason 24 Mather Field 18 Presidio of Monterey 432 Presidio of San Francisco 30 Rockwell Field 444 Ross Field (Arcadia) 875 San Francisco 621 Amdrade 107 Naval stations: Mare Island training camp 3,579 San Diego air station 955 San Francisco disciplinary station hospital 450 San Francisco training station 4,030 San Pedro submarine base 840	San Diego, San Francisco, Sacramento, Pasadena, Calexico, Monterey, Vallejo, Arcadia, Los Angeles, Bay Cities, Mare Island, Riverside.	Calexico 3 Exeter 1 Los Angeles 5 Oakland 8 Richmond 1 Riverside 4 San Diego 6 San Francisco 38 San Pedro 1 Barstow 1 Redwood City 1 Sacramento 2 Salinas 1 San Jose 1 Total cases of venereal disease reported 73
Colorado	Denver 1,495 Fort Logan 979	Denver	Denver 60 La Junta 1 Loganstown 1 Pueblo 1 Total cases of venereal diseases reported 63

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Connecticut	Saybrook Proving Ground 1 Bridgeport district ordnance office 8 New London submarine base 1,320	Bridgeport, Hartford, New Haven, New London.	Hartford 1 New Britain 1 New Haven 1 New London 1 Norwich 1 Total cases of venereal disease reported 5
Delaware		Wilmington, Dover	Newcastle 1 Wilmington 2 Total cases of venereal disease reported 3
District of Columbia	American University 6 Army Medical School 212 Bolling Field 262 East Potomac Park 436 Camp Meigs 464 Walter Reed Hospital 2,522 Washington Barracks (see Meigs) 394 Washington 2,280	Washington	Washington 30 Total cases of venereal disease reported 30
Florida	Carlstrom Field 596 Dorr Field (Arcadia) 4 Jacksonville 32 Camp Johnston 12 Miami 62 Chapman 2	Arcadia, Jacksonville, Key West, Miami, Pensacola.	Key West 3 Mulberry 1 Pensacola 3 Perry 1 Tampa 3 Jacksonville 2 Total cases of venereal diseases reported 13
Georgia	Atlanta 93 Atlanta recruit station 63 Augusta Arsenal 33 Camp Benning 1,755 Camp Gordon 3,002 Camp Hancock 1 Camp Jesup 578 Fort Oglethorpe 1,650 Fort McPherson 1,752 Souther Field 66 Camp Wheeler 5 Savannah 37	Atlanta, Savannah, Augusta, Columbus, Macon.	Americus 4 Atlanta 87 Augusta 9 Brunswick 2 Columbus 79 Lytle 3 Macon 7 Nashville 2 Newan 1 Savannah 8 Somerville 1 Clinton 1 Dublin 1 Eaton 1 Gainesville 1 Milan 1 Nichols 1 Rome 1 Dodge 1 Eastman 1 Glenwood 1 Total cases of venereal diseases reported 213
Idaho			Mackay 1 Total cases of venereal disease reported 1

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Illinois	Chanute Field (Rantoul) 14 Chicago 318 Camp Grant 4,485 Peoria 62 Rock Island Arsenal 102 Savannah Proving Grounds 7 Scott Field 25 Fort Sheridan 4,521 Great Lakes Training Station 6,417	Chicago, East St. Louis, Bellville, Rockford, Rantoul, Waukegan, Zion City.	Bloomington 2 Cairo 3 Cambria 1 Champaigne 2 Chicago 31 Danville 1 East St. Louis 6 Elgin 1 Freemont 1 Metropolis 1 Moline 1 Oblong 2 Ottawa 1 Pekin 1 Peoria 4 Rockford 11 Rockland 1 Royaltown 1 Waterloo 1 El Dorado 1 Havana 1 Kankakee 1 Keysport 1 Mount Vernon 1 Rock Island 2 Carthage 1 Decatur 1 Freeport 1 Harrisburg 1 Shawneetown 1 Springfield 1 Total cases of venereal disease reported 84
Indiana	Evansville 65 Fort Benj. Harrison 549 Indianapolis 172 Jeffersonville 16	Indianapolis, Muncie.	Alexandria 1 Anderson 3 Brazil 1 Brownstown 1 Evansville 4 Gary 2 Indianapolis 16 Lebanon 1 Linton 1 Marion 2 Muncie 2 South Bend 2 Clinton 2 Fort Wayne 1 Laura 1 New Albany 1 Peru 1 Terre Haute 2 Elkhart 1 La Fayette 1 Richmond 1 Total cases of venereal disease reported 47
Iowa	Davenport 98 Fort Des Moines 49 Camp Dodge 2,290	Des Moines	Burlington 1 Cedar Rapids 2 Davenport 1 Des Moines 61 Dubuque 2 Grinnell 1 Marshalltown 1 Waterloo 1 Sioux City 1 Total cases of venereal disease reported 68

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Kansas	Leavenworth 2,057 Ft. Riley 1,183 Wichita 71 Camp Funston 2,802	Junction City, Topeka, Leavenworth, Manhattan, Kansas City, Pittsburg.	Army City 4 Leavenworth 12 Manhattan 2 Hutchinson 1 Pittsburg 3 Topeka 3 Wellington 1 Wichita 2 Arkansas City 1 Kansas City 2 Emporia 1 Salina 1 Total cases of venereal diseases reported 33
Kentucky	Godman Field 112 Camp Knox 1,198 Camp Zachary Taylor 6,703 Fort Thomas 827 Louisville Recruiting Station 34	Louisville, Stithton	Ashland 3 Bowling Green 1 Corbin 1 Covington 2 Winchester 1 Lexington 5 Louisville 85 Madisonville 1 Newport 5 Owensburg 1 Winchesester 2 Middlesboro 2 Paducah 3 Tiptop 1 Harrisburg 1 Maysville 1 Mentor 1 Pineville 1 Somerset 1 Total cases of venereal diseases reported 118
Louisiana	Gerstner Field 43 New Orleans 52 New Orleans Training Station 524	Alexandria, New Orleans.	Alexander 1 Baton Rouge 1 Crowley 1 New Orleans 25 Shreveport 4 Winnsboro 1 Rayville 1 Slaughter 1 Natalbany 1 Total cases of venereal disease reported 36
Maine	Portland 34	Augusta, Bangor, Portland, Rockland.	Bangor 3 Cape Girardeau 1 Lebanon 2 Newberg 1 Old Orchard 1 Portland 5 Rumford 1 Total cases of venereal disease reported 14

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Maryland	Aberdeen Proving Ground 547 Baltimore 98 Curtis Bay 4 Edgewood Arsenal 546 Camp Holabird 433 Fort McHenry 2,660 Camp Meade 3,828	Baltimore, Annapolis.	Aberdeen 4 Baltimore 130 Frederick 1 Salisbury 1 Seaman 1 Woodbury 1 Cumberland 2 Williamsport 1 Iredenut 1 Laurel 1 Total cases venereal disease reported 143
Massachusetts	Boston 103 Camp Devens 700 Springfield 102 Watertown 69 Naval stations: Boston Navy Yard 432 Boston receiving ship 522 Chatham air station 146 Hingham ammunition depot 49 Quincy fuel oil school 105	Ayer, Brookline, Braintree, Boston. Brockton, Ashland, Cape Cod, Chatham, Everett, Fall River, Fitchburg, Framingham, Hingham, Holyoke, Lawrence, Lowell, Worcester, Lynn, Newburyport, Revere, Salem, Springfield, Watertown.	Ayer 1 Boston 15 Brockton 1 Corinth 1 McComb 1 Fitchburg 2 Hull 2 Lowell 6 New Bedford 5 North Adams 1 Springfield 5 Waynesboro 1 Worcester 3 Fall River 3 Lawrence 1 Cambridge 1 Salem 1 Woburn 1 Total cases of venereal disease reported 51
Michigan	Fort Brady 212 Camp Custer 1,090 Detroit 131 Grand Rapids 92 Selfridge Field 11 Fort Wayne 327 Midland 1 Detroit Training Camp 28	Battle Creek, Detroit, Kalamazoo.	Alma 2 Battle Creek 7 Detroit 10 Grand Rapids 3 Jackson 2 Kalamazoo 1 Port Huron 1 Owosso 1 Total cases of venereal disease reported 27
Minnesota	Minneapolis 188 Fort Snelling 609		Albert Lea 1 Duluth 4 Minneapolis 1 St. Paul 10 Total cases of venereal disease reported 16

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Mississippi	Jackson 59 Payne Field 14 Gulfport 407	Biloxi, Columbia, Gulfport, Hattiesburg.	Aberdeen 1 Babwind 1 Columbus 1 Crowder 1 Hadbert 1 Hattiesburg 8 Hetheras 3 Jackson 5 Madison 1 Marks 1 Meridian 1 Morgan City 2 Pheba 1 Springfield 2 Thebedoux 1 Tupelo 1 Greenwood 1 Yazoo 1 Cleveland 1 Total cases of venereal disease reported 34
Missouri	Jefferson Barracks 1,597 Kansas City 60 Joplin 50 St. Louis 96	St. Louis, Kansas City.	Excelsior Spa 1 Jefferson City 1 Joplin 8 Kansas City 25 Poplar Bluffs 3 Prosperity 1 St. Joseph 3 St. Louis 81 Sikestown 1 Springfield 1 Caruthersville 1 Trenton 1 Total cases of venereal disease reported 127
Montana	Fort Keogh 48		Helena 1 Monclack 1 Billings 1 Missoula 1 Butte 1 Glasgow 1 Miles City 1 Total cases of venereal disease reported 7
Nebraska	Fort Crook 379 Omaha 782 Fort Robinson 157		Omaha 22 Grand Island 2 North Fork 1 Total cases of venereal diseases reported 25
Nevada			Reno 2 Total cases of venereal diseases reported 2
New Hampshire	Portsmouth Naval Prison 994 Portsmouth Navy Yard 1,089	Concord, Dover, Portsmouth, Nashua, Manchester.	Phillipsburg 1 Total cases of venereal diseases reported 1

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
New Jersey	Camp Alfred Vail 1,142 Amatol Arsenal 2 Delaware 8 Camp Dix 5,364 Hoboken 1,887 Fort Jay 2,242 Kendrick Lakehurst. 180 Camp Merritt 918 Morgan (South Amboy) 9 Newark 50 Picatinny Arsenal 9 Raritan Arsenal 428 Sandy Hook 24 Woodbury 4 Naval Stations: Cape May air station 210 Cape May D. S. H 4 Dover ammunition depot 133	Egg Harbor, Englewood, Hackensack, Highlands, Jersey City, Lakewood, Mount Holly, New Brunswick, Newark, Paterson, Princeton, Trenton, Woodbury.	Asbury Park 2 Eatontown 1 Elisabeth 1 Fieldsboro 1 Hoboken 3 Mount Holly 4 Newark 7 Paterson 1 Pointville 1 Summerville 1 Tomafy 1 Trenton 14 Wellington 1 Wrightstown 9 East Orange 1 Long Branch 3 Princeton 1 Atlantic City 1 Camden 1 Passaic 1 Total cases of venereal diseases reported 62
New Mexico	Fort Bayard 971 Hachita 321 Fort Wingate 49 Columbus 4,180	Columbus, Hachita, Deming.	Columbus 9 Clevis 1 Deming 4 Ratono 1 Silver City 2 Albuquerque 1 Central City 1 Gallop 1 Total cases of venereal diseases reported 20
New York	Albany recruiting station 68 Brooklyn 58 Buffalo 53 Fox Hills 1,893 Garden City 529 Governors Island 311 Hastings-on-Hudson 1 Hazelhurst Field 529 Madison Barracks 391 Mills, Camp 176 New York City 364 Fort Niagara 399 Fort Onturlo 171 Otisville 13 Plattsburg Barracks 429 Fort Porter 277 Sandy Hook Proving Ground 24 Fort Slocum 1,113 Syracuse 32 Upton (L. I.) 2,899 Watervliet 62 West Point 2,011 Fort Wood 204 Iona Island ammunition depot 86 New York City fleet supply base 139 New York City Navy Yard 730	Albany, Brooklyn, Buffalo, Dobbs Ferry, Plattsburg, Newburgh, New York, Niagra Falls, Rochester, Saratoga, Utica, Bay Shore (L. I.), Hempstead (L. I.), Patchogne (L. I.), Mineola (L. I.).	Binghamton 1 Bordentown 1 Brooklyn 8 Buffalo 5 Geneva 1 Hempstead 2 Highland Falls 2 Middletown 4 New Rochelle 4 New York 97 Niagara Falls 11 Ogdensburg 1 Oswego 1 Otisville 1 Palisade Park 1 Patchogne 4 Plattsburg 4 Port Jervis 1 Rochester 2 Syracuse 4 Warwick 1 Watertown 12 West Hohkken 1 Youngstown 2 Huntington 2 Morristown 1 Newburgh 1 Saratora Springs 1 Schenectady 1 West Point 1

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
New York—Cont.	New York City receiving ship 2,100 New York City recruiting station 148 New York City reserve field headquarters 201 Rockaway air station. 425		Auburn 1 Borchentown 1 Carthage 1 Freeport 1 LaSalle 1 Massina 1 White Plains 1 Total cases of venereal disease reported 185
North Carolina	Greensboro recruiting station. 76 Oteen 1,249 Camp Bragg 777	Asheville, Charlotte, Fayettesville.	Asheville 20 Charlotte 1 Clayton 1 Greenburg 1 Lexington 2 Lexington 1 Rolland 1 Wilmington 2 Wilson 2 Winston-Salem 4 Fayetteville 7 Lincoln City 1 Durham 1 Hickory 1 Lumberton 1 Raleigh 1 Henderson 1 Total cases of venereal disease reported 48
Ohio	Cincinnati 91 Cleveland 86 Columbus Barracks 1,406 Columbus A. R. depot 18 Dayton 297 Erie Proving Ground, (Port Clinton) 63 Camp Sherman 1,589 Toledo 50 Willoughby 50 Wilbur Wright Field 240	Akron, Chillicothe, Cincinnati, Cleveland, Columbus, Dayton, Toledo, Hamilton.	Bellaire 2 Bellefontaine 1 Canton 2 Chillicothe 7 Cincinnati 18 Cleveland 10 Cleves 1 Columbus 40 Crestline 1 Dayton 11 Dover 1 Greenville 2 New Philadelphia 1 Portsmouth 4 Toledo 5 Weldon 1 Wilmington 1 Akron 1 Barberton 1 Laton 1 Findlay 1 Greenfield 1 Hamilton 1 Zanesville 1 Asheville 1 Lamartine 1 Sabina 1 Washington 1 Youngstown 1 Total cases of venereal disease reported 120

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
Oklahoma	Oklahoma City 52 Post Field, Fort Sill 262 Fort Reno 102 Fort Sill 1,730	Lawton, Oklahoma City, Tulsa.	El Reno 2 Lawton 24 Idabell 1 MacAlister 1 Medill 1 Oklahoma City 12 Picher 1 Tulsa 3 Walters 1 Chickasha 1 Duncan 1 Ada 1 Reno 1 Total cases of venereal diseases reported 50
Oregon	Portland 92	Portland, Salem, Fort Stevens.	Eugene 1 Portland 5 Astoria 1 Total cases of venereal diseases reported 7
Pennsylvania	Carlisle 1,070 Frankford Arsenal 114 Greenwich Point 1 Harrisburg 170 Middletown 22 New Cumberland 14 Philadelphia 80 Pittsburgh 115 Scranton 60 Tullytown Arsenal 1 Philadelphia Navy Yard 291 Philadelphia receiving ship 1,653	Allentown, Chester, Harrisburg, Bethlehem, Erie, Wilkes-Barre, Easton, Philadelphia, Hazelton, Pittsburgh, Carlisle.	Alanburg 1 Allentown 2 Altoona 2 Easton 2 Fallston 1 Franklin 1 Greensburg 1 Harrisburg 1 Lancaster 1 Ligonier 2 Lockhaven 1 Myerdale 1 New Kensington 1 Oil City 1 Philadelphia 28 Pittsburgh 7 Plymouth 2 Poltztown 2 Reading 6 Roscoe 1 Scranton 1 Wilkes-Barre 2 Chester 1 Newell 1 Pitcairn 1 Cannonsville 1 Columbia 1 Footsville 1 Gratz 1 Oil City 1 Yorktown 1 Chambersburg 1 Erie 1 Shenandoah 1 Total cases of venereal diseases reported 79
Rhode Island	Providence 29 Newport torpedo station 435 Newport training station 2,563	Howard, Newport, Providence, Kingston.	Nantucket 1 Newport 1 Saunderstown 1 Woonsocket 1 Providence 1 Total cases of venereal diseases reported 6

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.	III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).
South Carolina	Charleston 87 Camp Jackson 3,086 Camp Sevier 3 Camp Wadsworth 5 Charleston Navy Yard 350 Charleston receiving ship 744 Paris Island Marine Barracks 2,316	Columbia, Greenville, Spartanburg.	Columbia 34 Greenville 4 Greenwood 1 Hartsville 1 Ringwood 1 Charleston 2 Union 1 Total cases of venereal disease reported 44
South Dakota	Aberdeen recruiting station 53 Meade 15		
Tennessee	Knoxville 38 Nashville 137 Park Field 155	Chattanooga	Chattanooga 55 Jackson 1 Jellico 1 Johnson 1 Kingsport 2 Knoxville 25 Memphis 6 Nashville 9 Puresar 1 Union City 1 Crossville 1 Total cases of venereal disease reported 103
Texas	Barron Field (Everman) 36 Bowie 8 Brooks Field (San Antonio) 761 Brownsville 856 Candelaria 64 Fort Clark 1,234 Dallas 91 Del Rio 339 Earle Pass 692 Ellington Field 63 El Paso (Fort Bliss) 5,204 Everett's ranch 68 Glenn Spa 72 Hidalco 102 Holland's ranch 92 Houston 39 Indio 68 Kelley Field 2,252 La Grulla 53 Lajitas 87 Laredo 10 Logan 1 Love Field 138 McAllen, Camp 444 Fort McIntash 1,131 Marfa 1,045 Mercedes 305 Normoyle 1,217 Polvo 66 Presidio 125 Richfield 75 Ringgold 923 Roma 40 Ruidosa 5 Sam Fordyce 260 Fort Sam Houston 4,243	Austin, Galveston, Dallas, El Paso, Corpus Christi, Fort Worth, Gainesville, Laredo, Houston, Ranger, Fort Ringgold, San Antonio, Waco, Brownsville.	Austin 2 Boerne 2 Brackettville 1 Brownsville 6 Burkburnett 1 Dallas 8 Del Rio 3 Eagle Pass 5 El Paso 62 Galveston 20 Harriman 2 Houston 5 Jordantown 1 Laredo 20 Lynchville 1 McAllen 1 Marfa 2 Mart 1 New Braunfels 1 Paris 1

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.		III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).	
Texas—Cont.	San Antonio	70			
	San Benito	347			
	Sierra Blanca	14			
	Camp Stanley	955			
	Travis	2,916			
	Ysleta	40			
	Tallaferro field	64			
	Camp Boyd	651			
	Carruthers field	1			
	Hancock	62			
	Sanderson	198			
	Culbertson's ranch	28			
	Pinto Creek	30			
				San Antonio	148
				Waco	1
				Wichita Falls	2
				Beaumont	2
				Gonzales	1
				Rio Grande City	2
				San Angelo	1
				Texarkana	4
				Dennison	1
				Mercides	1
				Presidio	3
				Total cases of venereal disease reported	311
Utah	Douglas	450		Salt Lake City	4
	Salt Lake City	33		Ogden	1
				Total cases of venereal disease reported	5
Vermont	Fort Ethan Allen	560	Burlington, St. Johnsbury.	Burlington	6
				Essex Junction	1
				St. Albans	1
				Total cases of venereal disease reported	8
Virginia	Front Royal	73	Norfolk, Portsmouth, Newport News, Petersburg.	Clarksburg	2
	Hampton	481		Danville	2
	Camp Humphreys	527		Fairfax	1
	Huntington	101		Fredericksburg	1
	Langley Field	1,029		Glenallen	1
	Camp Lee	1,548		Hopewell	9
	Morristown	7		Lee Hall	5
	Fort Myer	1,088		Newport News	38
	Norfolk	1,148		Norfolk	22
	Fig Point	90		Petersburg	25
	Richmond	35		Phoebus	1
	Seven Flues	5			
	Lee Hall	573		Pittsburg	11
	Hampton Roads air station	333		Portsmouth	1
				Richmond	8
	Hampton Roads training station	2,483		Staunton	1
	Norfolk Navy Yard	314		Crewe	1
	Norfolk receiving ship	391		Roanoke	2
	Quantico marine barracks	1,391		Ivor	1
	Virginia Beach rifle range	497		Total cases of venereal disease reported	132

List of cities—Continued.

I. States.	II. Military and naval stations with complements thereof.		III. Cities of greater military and naval importance in the States to which field assignments are now limited because of the small size of the protective social measures staff of the board.	IV. Cities and towns in which infections with syphilis, gonorrhea or chancroid have been reported by soldiers to the Surgeon General of the Army between Sept. 10, 1919, and Jan. 20, 1920 (Navy figures not available).	
Washington	Fort Lawton	196	American Lake, Bellingham, Bremerton, Seattle, Tacoma, Vancouver, Walla Walla, Spokane, Puget Sound.	Olympia	1
	Camp Lewis	3,000		Port Townsend	2
	Seattle	119		Seattle	11
	Spokane	74		Spokane	10
	Vancouver Barracks	174		Tacoma	15
	Fort Wright	2,000		Manitou	1
	Puget Sound Navy Yard	286		Alburn	1
				Balhan	1
	Puget Sound receiving ship	225		Green Park	1
				Total cases of venereal disease reported	43
West Virginia	Nitro City	4		Charlesburg	1
				Charleston	5
				Grafton	1
				Huntington	4
				Kingstown	1
				Parkersburg	3
				Sprigg	1
				Wheeling	3
				Clothier	1
				Athens	1
				Total cases of venereal disease reported	21
Wisconsin	Sparta	5	Milwaukee	Greenbay	1
				Jaynesville	2
				Milwaukee	3
				Madison	1
				Superior	2
				Beaver Dam	1
				Total cases of venereal disease reported	10
Wyoming	Fort Russell	700		Casper	1
				Cheyenne	3
				Sheridan	1
				Ark	1
				Rock Springs	1
				Total cases of venereal disease reported	7

Maintenance of venereally infected persons, paid from the appropriation "Aid to States in protection of military and naval forces against venereal diseases" (sections 2 and 5).

FISCAL YEAR 1919.

State.	Institution (name and location).	Allotment.		Amounts paid by I. S. H. B. as of Jan. 31, 1920.
		Amount.	Period.	
Alabama	Alabama State Training School for Girls, Birmingham, Ala.	$1,004.21	From Jan. 1 to June 30, 1919.	$1,004.21
California	Mission Valley Isolation Hospital, San Diego, Calif.	5,691.01	From Feb. 1 to June 30, 1919.	5,691.01
	Ward L, San Francisco Hospital, San Francisco, Calif.	3,812.16	From May 1 to June 30, 1919.	3,812.16
	Convalescent Home, Walnut Creek, Calif.	514.43	.....do.....	514.43
Florida	Detention Home and Hospital, Jacksonville, Fla.	2,432.10	.....do.....	2,432.10
Illinois	Lake County General Hospital, Waukegan, Ill.	205.95	.....do.....	205.95
Kentucky	Jefferson County institutions, Louisville, Ky.	11,247.50	From Jan. 1 to June 30, 1919.	11,247.50
	Pine Bluff School for Girls, Louisville, Ky.	276.17	From June 24 to June 30, 1919.	276.17
Kansas	Kansas State Industrial Farm for Women, Topeka, Kans.	11,631.23	From Oct. 1 to Dec. 31, 1918.	11,631.23
Michigan	Fairmount Hospital, Kalamazoo, Mich.	3,921.42	From May 1 to June 30, 1919.	3,921.42
Missouri	Female Detention Ward, St. Louis, Mo.	2,378.79	.....do.....	2,378.79
North Carolina	State Home and Industrial School for Girls and Women, Samarcand, N. C.	9,486.64	From Jan. 1 to June 30, 1919.	9,486.64
South Carolina (see below).	Industrial School for Colored Girls, Columbia, S. C.	926.19	From May 1 to June 30, 1919.	926.19
Ohio	Akron Welfare Home for Women, Akron, Ohio.	1,154.36	From Apr. 1 to June 30, 1919.	1,154.36
Oklahoma	Detention Home and Hospital, Lawton, Okla.	3,326.98	From Jan. 1 to June 30, 1919.	3,326.98
South Carolina	Detention Home and Hospital, Spartanburg, S. C.	1,403.78	.....do.....	1,403.78
Tennessee	Chattanooga Detention Hospital, Chattanooga, Tenn.	5,237.64	.....do.....	5,237.64
Tennessee	Detention Home and Hospital, Memphis, Tenn.	650.29	From June 1 to June 30, 1919.	650.29
Texas	Dorcas Home, Houston, Tex.	1,656.95	From Mar. 1 to June 30, 1919.	1,656.95
	Texas Girls Training School, Gainesville, Tex.	3,000.00	From Apr. 1 to June 30, 1919.	3,000.00
Total		69,957.80		69,957.80

FISCAL YEAR 1920.

California	Ward L, San Francisco Hospital, San Francisco, Calif.	$10,800.00	From July 1 to Dec. 31, 1919.	(1)
Kentucky	Jefferson County institutions, Louisville, Ky.	3,993.25	.....do.....	$3,993.25
Michigan	Fairmount Hospital, Kalamazoo, Mich	8,280.00	.....do.....	7,594.27
Missouri	Female Detention Ward, St. Louis, Mo.	1,233.84	From July 1 to Aug. 31, 1919.	1,233.84
North Carolina	State Industrial School for Girls and Women, Samarcand, N. C.	10,000.00	From July 1 to Dec. 31, 1919.	10,000.00
Ohio	Akron Welfare Home for Women, Akron, Ohio.	1,860.73	.....do.....	1,860.73
	Cincinnati General Hospital, Cincinnati, Ohio.	6,000.00	From Dec. 1, 1918, to Mar. 31, 1919.	(1)
South Carolina	Anna Finstrom Detention Hospital, Columbia, S. C.	1,200.00	From Nov. 1 to Dec. 31, 1919.	(1)
Tennessee	Detention Home and Hospital, Memphis, Tenn.	5,000.00	From July 1 to Dec. 31, 1919.	1,979.57
Texas	Girls Training School, Gainesville, Tex.	2,700.00	From Sept. 1 to Dec. 31, 1919.	(1)
	Dorcas Home, Houston, Tex.	5,000.00	From July 1 to Dec. 31, 1919.	(1)
Virginia	City Hospital and City Home, Norfolk, Va.	1,200.00	From Dec. 1, 1918, to Mar. 31, 1919.	(1)
Total		57,267.82		26,661.66

[1] None.

Pay of Field Agents, Supervisors, Etc.

The Chairman. What rates of pay do you allow your representatives in the field?

Dr. Storey. The assistant agents get from $900 to $1,500, the assistant field agents get from $1,500 to $2,000, the field agents get from $1,800 to $3,000, and the supervisors from $2,800 to $3,600.

The Chairman. Will you also please put into the record a table showing the classification of your employees, with rates of pay and the number of each class as employed at the present time?

Dr. Storey. Yes, sir.

The Chairman. And I wish you would do the same thing with regard to your clerical force out of this $100,000 in Washington.

Dr. Storey. Yes, sir. I will include the entire central office force, and not the clerical service alone.

Administrative staff, United States Interdepartmental Social Hygiene Board—Central office, Washington.

CLASSIFICATION OF PERSONNEL AS OF FEBRUARY 1, 1920.

Position.	Number of appointments.	Salary rate per annum.	Total salary rate per annum.
Executive secretary	1	$6,000	$6,000
Superintendent, field service division, educational research and development	1	4,500	4,500
Supervising assistant and inspector, division, relations with States	2	3,600	7,200
Disbursing agent (paymaster, accountant, bookkeeper and purchasing agent)	1	3,000	3,000
Supervising assistant, division, records, information and planning	1	3,000	3,000
Secretary to executive secretary (chief clerk)	1	2,500	2,500
Case supervisor	1	1,800	1,800
Report supervisor	1	1,500	1,500
Statistician	1	1,800	1,800
Do	1	1,500	1,500
File clerk	1	1,520	1,520
Do	1	1,400	1,400
Do	1	1,320	1,320
Bookkeeper	1	1,800	1,800
Do	1	1,600	1,600
Do	2	1,500	3,000
Clerk	1	2,200	2,200
Do	2	1,500	3,000
Do	1	1,320	1,320
Stenographer and typist	1	1,800	1,800
Do	2	1,600	3,200
Do	1	1,560	1,560
Do	2	1,500	3,000
Do	1	1,440	1,440
Do	3	1,400	4,200
Typist clerk	1	1,400	1,400
Telephone operator	1	1,200	1,200
Messenger	1	720	720
Total	35	.....	68,480

POSITIONS UNFILLED UNDER DATE FEB. 1, 1920.

Supervising assistant, division, relations with States	1	$3,000	$3,000
Supervising assistant, division, scientific research	1	3,600	3,600
Educational assistant (colored)	1	2,800	2,800
Stenographer and typist	2	1,440	2,880
Messenger boy	1	720	720
Total	6	.....	13,000

Protective social measures personnel field service, showing classification with rates of payment, number of individuals located by States in each case, as of Feb. 1, 1920.

Position.	Number of appointments.	Salary rate per annum.	Total salary rate per annum.
I. SUPERVISORS.			
(a) District of Columbia, with assignment to region south of the District and east of the Mississippi River	1	$3,200	$3,200
(b) Georgia	1	3,000	3,000
(c) Illinois	1	3,000	3,000
(d) New York	1	3,200	3,200
(e) Oregon	1	2,800	2,800
(f) Pennsylvania	1	3,000	3,000
Total (4 men, 2 women)	6	.....	18,200
II. CONFIDENTIAL PROTECTIVE SOCIAL MEASURES AGENTS.			
(a) California	1	2,000	2,000
(b) Georgia	1	2,000	2,000
(c) Illinois	1	1,800	1,800
(d) Massachusetts	1	2,200	2,200
(e) Missouri	1	1,800	1,800
(f) New York	2	1,800	3,600
(g) North Carolina	1	1,500	1,500
(h) Texas	1	2,200	2,200
Total (6 men, 3 women)	9	.....	17,100
III. FIELD AGENTS.			
(a) California	1	2,400	2,400
	1	2,200	2,200
	1	1,800	1,800
(b) Delaware	1	1,800	1,800
(c) Georgia	1	1,500	1,500
(d) Illinois	3	1,800	5,400
	2	1,200	2,400
	1	1,500	1,500
(e) Iowa	1	1,200	1,200
(f) Kansas	2	2,200	4,400
(g) Kentucky	1	3,000	3,000
	1	1,800	1,800
(h) Louisiana	1	2,800	2,800
(i) Maryland	2	2,800	5,600
	1	1,800	1,800
(j) Massachusetts	1	3,000	3,000
	2	2,800	5,500
(k) Michigan	1	3,000	3,000
(l) Mississippi	1	2,000	2,000
(m) Missouri	1	3,000	3,000
(n) New Hampshire	1	1,800	1,800
(o) New Jersey	1	2,800	2,800
	1	2,500	2,500
	2	2,200	4,400
	1	2,000	2,000
	1	1,500	1,500
(p) New York	1	3,000	3,000
	1	2,200	2,200
	2	2,000	4,000
	2	1,500	3,000
(q) Ohio	2	1,800	3,600
	1	1,500	1,500
	1	1,200	1,200
(r) Oklahoma	1	1,800	1,800
(s) Pennsylvania	2	1,800	3,600
	1	1,500	1,500
(t) Tennessee	1	1,800	1,800
(u) Texas	1	3,000	3,000
	1	2,500	2,500
	1	2,200	2,200
(v) Virginia	1	2,800	2,800
	1	2,000	2,000
(w) Washington	1	1,800	1,800
	3	1,500	4,500
Total, (12 men, 45 women)	57	.....	117,200

Protective social measures personnel field service, etc.—Continued.

Position.	Number of appointments.	Salary rate per annum.	Total salary rate per annum.
IV. ASSISTANT FIELD AGENTS.			
(a) Kentucky	1	$1,200	$1,200
	1	900	900
(b) New Jersey	1	1,200	1,200
(c) Texas	1	1,200	1,200
(d) Virginia	1	720	720
	1	900	900
Total (6 women)	6	.....	6,120
V. STENOGRAPHERS AND TYPEWRITERS.			
(a) California	1	1,200	1,200
(b) Delaware	1	1,200	1,200
(c) Georgia	2	1,200	2,400
(d) Illinois	4	1,200	4,800
(e) Iowa	1	1,200	1,200
(f) Kentucky	1	1,080	1,080
	1	900	900
(g) Maryland	1	1,200	1,200
(h) Massachusetts	1	1,200	1,200
(i) Missouri	1	900	900
(j) New Jersey	2	1,200	2,400
	2	1,000	2,000
(k) New York	2	1,200	2,400
	1	1,080	1,080
	1	720	720
(l) Ohio	3	1,200	3,600
(m) Oklahoma	1	1,200	1,200
(n) Oregon	1	1,200	1,200
(o) Pennsylvania	1	1,200	1,200
(p) Tennessee	1	1,200	1,200
(q) Texas	1	1,200	1,200
(r) Virginia	1	1,200	1,200
Total (31 women)	31	.....	35,480
JANITORS AND CHARWOMEN.			
(a) Illinois	1	216	216
(b) New York	1	240	240
Total (1 man, 1 woman)	2	.....	456

Total number of men employed in field	23
Total number of women employed in field	88
Final total	111
Final total, salary rate rate per annum	$194,556

Reduction in Estimate.

The Chairman. You have asked for $1,000,000?

Dr. Storey. Yes, sir; for the assistance of the States in caring for civilian persons who may be a menace to soldiers, sailors, and civilians.

The Chairman. What reduction do you feel you can make in this estimate?

Dr. Storey. It seems to us that the experience of the present year indicates that we can carry on the complete program for $600,000 and that we could reduce that estimate from $1,000,000 to $600,000.

There will be left a balance of $254,000 at the end of the present fiscal year. I am wondering whether that amount could be reappropriated to us and then our total appropriation could be brought

down for the coming year to $350,000 which, with the $250,000 reappropriated, would give us $600,000. This would make our appropriation for the coming fiscal year $350,000 rather than $1,000,000. With the reappropriation of the unexpended balance on June 30, being approximately $250,000, we would have for next year $600,000. This last plan would secure a reduction of $635,000 in our appropriation for the protection of soldiers and sailors.

The CHAIRMAN. That would mean for the first six months of the next year that you would have $300,000, whereas you expended for the first six months of this year $215,565?

Dr. STOREY. Yes, sir.

The CHAIRMAN. Which would mean quite a large increase in your activities next year over last year?

Dr. STOREY. As I explained, for the first three months this last year we were decreasing our force and our expenses under this appropriation as much as we could, but as I told you the venereal disease rates have kept going up and we came to the conclusion that we were under obligation not to decrease but to increase our activities very materially.

FOR PAYMENTS TO STATES FOR PREVENTION, ETC., OF VENEREAL DISEASES.

The CHAIRMAN. You are asking also for $1,000,000 for payment to States for the prevention, and so forth, of venereal diseases?

Dr. STOREY. Yes, sir. That is an appropriation which has been made for each of two years of $1,000,000 to be paid over to the State departments of health in the proportion that the population of the State bears to the total population of the United States. For this present year the State receives its portion of this appropriation, provided it sets aside an amount equal to the allotment it receives. The appropriation was made for the prevention, treatment, and control of venereal disease largely on a medical basis. We have been discussing just now under another appropriation the protective social measures program of the board. This appropriation is for medical prevention, treatment, and control under State boards of health in accordance with the regulations promulgated by the Secretary of the Treasury, which means the Public Health Service. That is the activity that Asst. Surg. Gen. Pierce is very intimately related to for the Public Health Service.

The CHAIRMAN. This is paid to the States irrespective of whether there are Army or Navy camps in the States?

Dr. STOREY. Yes, sir.

The CHAIRMAN. Or the number?

Dr. STOREY. Yes, sir.

The CHAIRMAN. It has no relation to the appropriation?

Dr. STOREY. Its relationship is in proportion to the population.

The CHAIRMAN. It has no relation to the fund spent by the Public Health Service for the eradication of venereal disease?

Dr. STOREY. I think perhaps Dr. Pierce had better explain that relation.

Dr. PIERCE. This particular appropriation, Mr. Chairman, of $1,000,000 to be allotted to the various State boards of health in

accordance with the provisions of the act and the regulations promulgated by the Secretary of the Treasury is the working field fund through which we are enabled to carry out the directions of this act and cooperate with the State boards of health for the prevention and control of venereal disease. The $328,800 that is requested by the Public Health Service is used in supervising the activities and cooperating with the various State boards of health. This procedure is in accordance with the law in that the regulations of the Secretary of the Treasury, which were authorized by the terms of this act, require that each State have stationed therein a representative of the Public Health Service to cooperate with the State health officer in carrying out the provisions of the venereal disease control measures.

The CHAIRMAN. If we give you what you are asking for the Public Health Service—$328,800 for this purpose—is that in case States do not make any contribution for the same purpose?

Dr. PIERCE. No, sir.

The CHAIRMAN. If we give you this amount, you are getting $1,321,000?

Dr. PIERCE. $1,000,000 would be expended by the various State boards of health, and it would necessitate the appropriation of an additional $1,000,000 on the part of the States that participate in this allotment, because the Interdepartmental Social Hygiene Board can not allot to the States any part of this fund unless they appropriate an equal amount. This million dollars is the essential appropriation for continuing the work on its present basis among the civilian population of the country, because each State participates in this distribution of funds. A very large number of States in appropriating during the present year, and many of them have functioned already, including the next fiscal year, have stated in their law that in order for the State appropriation to become available they should receive funds from the National Government.

I have prepared a typewritten statement showing the viewpoint of about 18 or 20 States on this question, which I should like to make a part of the record.

The CHAIRMAN. We shall be very glad to have it.

(The statement submitted by Dr. Pierce follows:)

COMMENT FROM A FEW STATE DEPARTMENTS OF HEALTH REGARDING THE CONTINUATION OF THE CAMPAIGN AGAINST VENEREAL DISEASES.

Indiana.—After summorizing the work for the past few months it was stated: "It must be said, however, that it would have been impossible to accomplish the results that have been obtained in Indiana without the impetus given to this work by the Federal appropriation and allotment; nor to have continued the work without the Federal appropriation made available under the terms of the Chamberlain-Kahn Act. The appropriations made by the Federal Government should certainly be continued on the basis of at least an equal appropriation on the part of the State. The very fact that the Federal Government is cooperating in this work has made a decided impression upon the public and has brought about a degree of cooperation and support that would have been impossible without Federal aid and indorsement. In fact the indorsement and support of the Federal Government has been the greatest single asset to venereal disease control work in the State of Indiana."

Missouri.—"The work accomplished, however, has been made possible through the activities of the Public Health Service. * * * The State of Missouri pays out annually for the support of State hospitals for the insane more than a million dollars. It is estimated that about 25 per cent of the inmates are

there as a result of syphilis. Not including the loss from blindness in the newborn and the reformatories for boys, this would make a net annual cost to the State of a quarter of a million dollars. Is it good business to continue this waste? The work of venereal disease control in this State has been made possible through Missouri's participation in the Chamberlain-Kahn funds. In order to continue the work it is imperative that congressional appropriations be continued."

Kansas.—"The awakened public sentiment, the wider and fuller information concerning venereal diseases have brough results that must be permanently helpful to each local community and to the country at large. To continue this work is not only important from a Federal point of view, but also from the viewpoint of the various States, for in many States the appropriations made by State legislatures are conditioned upon like sums being available from the Federal Government. If these are not thus available these State boards of health must cease their activities along this important line of public health work."

North Carolina.—"Unless Congress continues its appropriation for assisting the work in States, venereal disease control work by the North Carolina State Board of Health will of necessity cease on June 30, 1920. This is due to the fact that the State appropriation available for such work is conditioned upon being duplicated dollar for dollar by appropriations made from the Federal Government. as is shown by the following provision of the law: 'And the sum of $23,988.61 is hereby appropriated for the year 1920 and thereafter annually to be expended under the direction of the State board of health for the prevention of venereal diseases: *Provided, however*, That this fund nor any part thereof shall not be used for the purpose for which it is appropriated except to supplement the funds appropriated by the Federal Government in the appropriation of dollar for dollar.'"

West Virginia.—"Therefore, I am justified in saying that Federal aid has enabled us to make the venereal campaign into a good working machine, and with reasonable Federal aid we will accomplish much more in the next two years than in the past two years, which have been devoted largely to educating the public. Without this Federal aid I feel sure that those who are most interested in the work would feel that the Government had thrown us down. It may be proper to add that it is very accurately estimated that for every dollar of Federal appropriation received by West Virginia the State, either by legislative appropriation or otherwise, has made available for the care and control of venereal diseases 10 other dollars."

New York.—"An intensive effort is being made to develop a keener interest among physicians for more careful diagnosis and treatment of venereal diseases. Laboratory facilities will be extended, additional clinics will be opened in the larger cities, and those third-class cities with a population of about 10,000. Methods will be devised for assisting the State hospitals in investigating the homes from which patients come, securing an examination of other members of the family, and treatment when necessary. During the past year the venereal-disease staff provided by the State budget was increased by 20 additional physicians. This was accomplished by the aid of the Federal funds which became available in December, 1918. I believe it might be found advisable to send to each Congressman a summary of the total activities of the States. This would help to impress them in a more general way with the necessity of centralized assistance."

Wyoming.—"The State of Wyoming, on account of its small population according to the 1910 census, has been very unfortunate in only being able to call on this fund for the sum of about $1,500. However, this is better than nothing, and it will be almost criminal, in my way of thinking, to discontinue the work at this period, knowing what we know now about the numbers of our population that are afflicted. It is to be hoped that, based on the new census, we will obtain more money than we are getting at the present time for a venereal-control campaign in this State."

Washington.—The Washington State Board of Health makes the following comment:

"The United States was the first Government to institute a program for the purpose of venereal-disease control. No general comprehensive health program is complete without provisions adopted to control venereal diseases. The plan adopted provides for national and State cooperation. This plan has proven satisfactory and should be continued. The State appropriations made for this purpose were made to become available on a 50–50 basis. It would be a

serious economical mistake to discontinue the work which has resulted in so much good. The Washington State Board of Health recognizes venereal-disease control as necessary and essential to public welfare by eliminating the most prolific source of disease, suffering, inefficiency, and racial degeneracy. This work has a most important bearing on the welfare, prosperity, and happiness of the entire people, and we earnestly urge that provision be made for its continuance."

Arizona.—The State superintendent of public health expressed his opinion as to the necessity for continuing venereal disease control work as follows:

"On account of the encouragement from the National Government the States have organized a campaign against venereal diseases and have appropriated funds for carrying on this work. These funds would be wholly inadequate if the governmental support were withdrawn and account of the importance of this phase of public health work it would seem too bad to have to discontinue it from lack of funds."

Louisiana.—The Louisiana State Board of Health, in submitting data of activities of the venereal disease bureau of that State board of health for the period of July 1 to December 31, 1919, made the following statement:

"Louisiana, I am sure, would not be able to submit the attached report had there been no Chamberlain-Kahn fund. Frankly, I do not believe there would be a bureau for the control of venereal diseases in this State and in many others if Federal funds had not been available. A great stimulus is added for financial support when the State legislature knows that each dollar appropriated is augmented by an equal sum from the Federal Government.

"We therefore earnestly hope that Congress will see fit to continue the venereal disease control work by voting necessary appropriations. To do otherwise would mean at this time the unavoidable abandonment of the work in this State, and we presume in many others."

Texas.—In commenting upon the venereal disease control work in Texas and the necessity for its continued support by Congress, the Texas State Board of Health, after giving data in regard to the work accomplished during the past several months, makes the following statement:

"We have sufficient evidence at hand to justify the classifying of the venereal diseases as the greatest sanitary problem and health menace confronting us today. We have an adequate law upon our statute books, which has withstood the test in various courts and been declared constitutional in the State courts of criminal appeals.

"That the problem is a large one is admitted, but with sufficient funds judiciously used we have it in our power to control venereal diseases and assure to present generations the blessings to accrue from such freedom and to posterity a sane and health heritage. The immediate economic gain would a thousandfold repay the expense necessary to eradicate this physical, social, and moral menace."

Hon. W. P. Hobby, governor of Texas, in commenting upon the necessity for continued help by Congress, stated as follows:

"Failure on the part of Congress to make appropriations for a continuation of this work would result in a complete abandonment of the program in this State for the control of venereal diseases, since the appropriation made by our legislature for this work was made contingent upon a like sum being appropriated by the Federal Government; and, were this not the case, it would result in the loss of the assistance of the Interdepartmental Social Hygiene Board and the United States Public Health Service with their trained personnel, just at a time when it appears that we are getting everything in shape for real constructive health work along this line. The State and Federal forces are cooperating agreeably and effectively and, by their efforts, are paving the way for a generation of men and women physically and mentally prepared for the tasks that confront them.

"In this day of rapid transit, and especially when we are advised that many of the venereally infected persons are of a migratory nature, it is all the more apparent to me, that the Federal Government should be called upon to lend every assistance possible in the control of venereal diseases."

California.—The California State Board of Health, in reporting upon the activites for venereal disease control in California, stated:

"I respectfully call your attention to the fact that the continuation of the venereal disease control work by the California State Board of Health is contingent upon an additional appropriation by Congress.

"The act of the California State Legislature appropriating money for this work is so drawn that State funds cease to be available unless met dollar for dollar by national funds:

"The appropriation of $1,000,000 for allotment to States under the terms of the Chamberlain-Kahn act has been in California, the decisive factor in keeping the work going. Except for the impetus given by the allotment to this State of $51,600, under the terms of the Chamberlain-Kahn act of the last biennium, the California legislatlre at its last session would undoubtedly have appropriated no more than $15,000 for the biennium, instead of $51,600."

South Carolina.—Hon. R. A. Cooper. governor of South Carolina, in an open letter to citizens of South Carolina, made the following statement:

"The campaign for the control of venereal diseases being waged by the United States Public Health Service and the South Carolina State Board of Health represents the highest type of public service, as it undertakes the education of the people, the promotion of physical welfare, the strengthening of moral forces, and the improvement of conditions militating against the economic prosperity of our State.

"To support this effort conscientiously is the duty and privilege of every good citizen."

Wisconsin.—Dr. C. A. Harper, State health officer, Madison, Wis., in commenting on the necessity for continuing the fight against venereal diseases, says:

"Of all the appropriations before Congress we deem this fundamentally the most important and the one most essential to be continued. The ravages created by venereal diseases are too well known to need elaboration. * * * Much of the space in our State institutions is filled with individuals sent there as a result of the ravages of one or other of these diseases. This is not only a State but a national problem. The plan of procedure developed by the United States Public Health Service in cooperating with the States in its efforts to control these diseases is a most excellent one.

"State activity depends on national activity. Section 3, chapter 10, laws of 1919 (Wisconsin), appropriates $25.000 for the prevention and control of venereal diseases. provided that this appropriation shall be contingent upon the allotment and payment of an equal sum to the State by the United States for the same purpose. You will see by this that unless Federal funds are appropriated it will be impossible for us to continue our campaign for the prevention and control of venereal diseases in this State. There is no doubt but that the venereal disease problem is the biggest public health problem now confronting the American people."

Minnesota.—The Minnesota State Board of Health has expressed itself as follows:

"Our State legislature appropriated $30,000 per annum. The Federal allotment, however. is available only until July, 1920, therefore, if the work is to continue and to develop it will be necessary for the present Congress to make another similar appropriation to carry on this most important phase of public health work."

General.—In an article printed in The New Age, January, 1920, William H. Thaler. in discussing the necessity for venereal-disease control, makes this statement:

"The United States Government has been aroused to action through the Public Health Service and the Interdepartmental Social Hygiene Board, and to-day, at this very moment, our Government is. through manuals and bulletins, disseminating widely its gospel of truth, medical and sociologic, to physicians and laymen alike. * * * Let us prevent rather than cure. Let us educate rather than compensate."

The CHAIRMAN. It just seems to me, Doctor—I may be wrong in the matter—if this appropriation is to be made for this purpose; that is, by appropriating $1,000,000 out of the National Treasury for the prevention of venereal diseases, and the States will also cooperate and expend a million dollars, that it would be better to appropriate it here and cut-off the appropriation from the Public Health Service, where you get no contribution at all, because in the final analysis it is an expense that the States should bear themselves; is it not better to make the appropriation where you will get a contribution from the States?

Dr. PIERCE. I see your point. Of course, the amount requested by the division of venereal diseases of the Public Health Service does not

carry with it the obligation on the part of the States to appropriate an equal amount.

The CHAIRMAN. No.

GENERAL STATEMENT OF DR. PIERCE.

Dr. PIERCE. You would have to change the legislation covering the whole management of the venereal disease program, because section 4 of the act states that the division of venereal diseases of the Public Health Service "shall cooperate with the State boards of health." When that act was first passed I know that the Public Health Service assumed that the service would distribute this fund to States as the million dollars we are discussing now was to be allotted to the States was to be expended in accordance with regulations promulgated by the Secretary of the Treasury.

The Comptroller of the Treasury ruled that the interdepartmental board was the disbursing agency for these funds, so that if the committee saw fit to give the Public Health Service nothing for venereal disease control, there would be no agency for coordinating and supervising the program in the various States. The estimate prepared by the Public Health Service, if you will recall the details, provides entirely for supervision and coordination of the assistance to the States, standardizing the program and maintaining in each State a representative of the Public Health Service, and it provides for a number of regional consultants. We would have them assigned to groups of States and they would travel from State capital to State capital, coordinating the work in the adjacent States. It seeems to the Public Health Service that the proper way to develop this whole program is to continue to strengthen the State board of health organizations for the complete assumption of responsibilities in connection with venereal disease control measures; so that in the $1,000,000 which is allotted to State boards of health—and they must of necessity appropriate an equal amount—there is a small sum for the administration of the relations between the various States and the National Government on the part of the Public Health Service.

In this way Congress would be fulfilling to a certain extent the obligations of the National Government toward the States for creating a standard and permanent program for venereal disease control.

In considering the future of this work, I think it would be only fair for the members to give careful consideration to the exact wording of the law under which we are now operating, and in that way they could determine what functions now being exercised were contemplated to be of a temporary or military character, and which ones were contemplated to become permanent. The duties of the Interdepartmental Social Hygiene Board, as specified by the law creating it, are, first, to recommend rules and regulations for the expenditure of moneys allotted to the States under section 5 to assist them in caring for civilian persons infected with venereal diseases who were a menace to the armed forces.

In carrying out this provision, Dr. Storey has outlined to you the procedure in assisting the States in furnishing a field force and paying certain maintenance charges for persons in hospitals; second, to select the universities, colleges, and other institutions to carry on the educational and scientific research work; and the third duty is

to recommend to the Secretary of the Treasury, the Secretary of War, and the Secretary of the Navy such general measures as will promote correlation and efficency in carrying out the purposes of the law by those respective departments. The fourth duty is to direct the expenditure of the sum of $100,000 allotted to the board for its maintenance. Now, some of those duties outlined above are obviously of a temporary and military character in connection with the protection of the health of the military forces; but among the duties imposed upon the Public Health Service under the terms of that same act were the creating of a division of venereal diseases in the Public Health Service which should have as its threefold duty, first, the study and investigation of the causes, treatment, and prevention of venereal diseases under rules promulgated by the Secretary of the Treasury; second, to cooperate with State boards or departments of health for the prevention and control of such diseases within the State; and third, to control and prevent the spread of those diseases in interstate traffic.

For the administration of those three specific duties which were imposed upon it by Congress, the sum of $200,000 was appropriated for the first fiscal year. Last year we appeared before the Appropriations Committee requesting an appropriation of $200,000 for the present fiscal year, and we are now asking for a continuation of that appropriation, the details submitted being for a slight increase. It seems apparent to the Public Health Service from a careful study of the matter that Congress contemplated making this phase of the work permanent—that is, the cooperation of the Public Health Service with the State boards of health for the prevention and control of venereal diseases. Such procedure is in conformity with the past policy of congressional acts in assisting States to meet their responsibilities, bearing in mind, at the same time, that the Federal Government has a certain degree of responsibility toward all these great broad fundamental questions which affect the health and efficiency of the entire Nation. Therefore, it seems to the Public Health Service that if any process of simplication is being considered, the committee should bear in mind the acts under which we are working, and endeavor, as I said in the first place, to see which functions apparently were permanent and which functions temporary.

It is necessary for the continuation of this work on its present scale to have the appropriation continued—that is, the fund for the supervision on the part of the Public Health Service of the coordination of the program and the allotments to the States. That is true for the reason that I previously pointed out, that quite a large number of the States have so worded their legislation making the appropriations that the States can not use them if the Federal Government discontinues making its allotment to such State. Ultimately, of course, this condition will be corrected by the States, and when they appropriate money for venereal disease control they will make actual appropriations rather than contingent appropriations, as many have done during the past fiscal year.

ALLOTMENTS MADE TO STATES.

Mr. MAGEE. Are the States required to make appropriations equal to the allotments by the Federal Government?

Dr. PIERCE. Yes, sir.

The CHAIRMAN. You have had, as I understand it, a reappropriation of $89,700 and a regular appropriation of $1,000,000, making a total appropriation for this purpose of $1,089,700.

Dr. STOREY. Yes, sir.

The CHAIRMAN. How much of that have you allotted?

Dr. STOREY. Up to the present time the States have made appropriations amounting to $722,171.88, but the District of Columbia, Kentucky, Nevada, Missouri, Pennsylvania, and Tennessee have not yet acted, or have not made their appropriations. They may act between now and June 30. There is left, then, $365,360.34, which may be covered by legislative acts or acts of another character officially setting aside appropriations in the States.

The CHAIRMAN. Can you put in the record a table giving the allotment to each State?

Dr. STOREY. Yes, sir.

Appropriation "Payments to States for prevention, etc., venereal diseases (sec. 6), 1919."

State.	Voucher No.	Date paid.	Amount.
Delaware	1	Oct. 1,1918	$2,199.81
New York	2	....do....	99,090.89
California	3	....do....	25,850.72
Georgia	4	....do....	25,368.56
Alabama	5	....do....	23,247.15
Kansas	6	Oct. 2,1918	18,385.42
Wyoming	7	....do....	1,587.03
Kentucky	8	....do....	24,897.77
Wisconsin	9	....do....	25,375.70
New Hampshire	10	Oct. 3,1918	4,681.54
Colorado	11	....do....	8,687.66
South Carolina	12	....do....	16,476.71
Montana	13	Oct. 4,1918	4,088.76
Connecticut	14	....do....	12,120.57
West Virginia	15	....do....	13,277.04
Indiana	16	Oct. 5,1918	29,366.20
South Dakota	17	Oct. 7,1918	6,348.52
Texas	18	Oct. 15,1918	42,366.49
Rhode Island	19	....do....	5,899.72
Massachusetts	20	....do....	36,602.51
Mississippi	22	....do....	19,539.74
Minnesota	23	....do....	22,568.85
Maine	24	....do....	8,071.68
Ohio	25	....do....	51,892.16
New Jersey	26	Oct. 21,1918	27,586.22
North Dakota	27	....do....	6,274.24
Illinois	28	....do....	61,307.51
Washington	29	....do....	12,416.68
Oregon	30	Oct. 24,1918	7,314.87
Iowa	31	....do....	24,189.58
Maryland	32	....do....	14,084.09
Oklahoma	33	Oct. 28,1918	18,017.99
Arkansas	34	....do....	17,118.74
Louisiana	35	Oct. 29,1918	18,009.65
Virginia	36	Nov. 2,1918	22,415.58
Florida	37	Nov. 15,1918	8,183.11
North Carolina	38	....do....	23,988.61
Arizona	39	....do....	2,221.91
Vermont	391	Nov. 20,1918	3,870.26
Nebraska	44	Dec. 4,1918	12,962.75
Michigan	53	Dec. 23,1918	30,554.57
Utah	379	Feb. 25,1919	4,059.39
Idaho	584	Mar. 13,1919	3,540.13
New Mexico	1458	May 17,1919	3,558.70
Missouri	1926	June 14,1919	35,807.91
Tennessee	2197	June 26,1919	23,754.87
Total			912,168.78
The following States did not receive allotments:			
Pennsylvania			83,341.55
Nevada			890.21
District of Columbia			3,599.65
Total			1,000,000.00

Appropriation: "Payments to States for prevention, etc., venereal diseases (sec. 6). 1920."

[Includes $87,831.42 reappropriated from fiscal year 1919, $1,087,831.42.]

State.	Total amounts available to States, fiscal year 1920.	Amounts appropriated by States, fiscal year 1920.	Amounts paid by Interdepartmental Social Hygiene Board to Jan. 31, 1920.
Alabama	$25,288.99	$25,288.99	$10,115.84
Arkansas	18,622.30	17,118.74	2,858.72
Arizona	2,417.06	2,221.91	418.05
California	28,121.23	25,870.00	10,000.00
Colorado	9,450.70	8,500.00	.....
Connecticut	13,185.13	12,000.00	2,233.64
Delaware	2,393.02	2,393.02	.....
District of Columbia	3,915.82	.....	.....
Florida	8,901.84	8,183.11	.....
Georgia	30,860.21	15,000.00	8,370.89
Idaho	3,851.06	3,540.13	.....
Indiana	31,945.49	29,366.20	23,098.22
Illinois	66,692.24	61,307.51	33,509.99
Iowa	26,314.19	15,000.00	3,501.55
Kentucky	27,084.58	.....	.....
Kansas	20,000.24	18,385.42	3,268.35
Louisiana	19,591.46	10,000.00	3,942.19
Montana	4,447.88	4,088.76	1,230.77
Michigan	33,238.23	30,554.87	15,406.69
Minnesota	24,551.19	22,568.85	8,276.89
Missouri	38,952.98	.....	.....
Maryland	15,321.11	9,871.96	.....
Mississippi	21,255.94	2,253.52	2,253.52
Maine	8,780.62	8,071.68	1,205.21
Massachusetts	39,817.37	36,602.51	6,784.34
Nebraska	14,101.28	12,962.75	.....
New Mexico	3,871.27	.....	.....
Nevada	968.40	.....	.....
North Dakota	6,825.31	6,274.24	1,598.35
North Carolina	26,085.57	23,988.61	6,144.13
New Hampshire	5,092.72	4,681.54	1,036.55
New York	107,794.18	99,090.89	49,693.48
New Jersey	30,009.17	27,595.22	8,497.21
Oregon	7,957.34	7,314.87	.....
Ohio	58,384.66	25,000.00	6,076.97
Oklahoma	19,600.53	18,000.00	12,520.38
Pennsylvania	90,661.56	.....	.....
Rhode Island	6,417.90	5,899.72	.....
South Dakota	5,906.12	5,000.00	.....
South Carolina	17,923.88	16,476.71	7,645.37
Tennessee	25,841.29	.....	.....
Texas	46,087.50	26,300.00	8,951.74
Utah	4,415.92	4,059.39	784.59
Virginia	24,384.37	22,415.58	7,277.98
Vermont	4,210.19	3,000.00	297.35
West Virginia	14,443.18	7,000.00	3,353.45
Washington	13,507.25	12,416.68	6,031.26
Wisconsin	27,604.49	25,000.00	5,764.87
Wyoming	1,726.44	1,587.00	292.87
Total	1,087,831.42	722,171.08	262,431.36

The CHAIRMAN. Now, would you have any objection to this appropriation carrying a rider providing that no part of this fund shall be paid to any State that does not contribute more for public health purposes than it appropriated in 1918, before this act became effective?

Dr. STOREY. For its total public health service?

The CHAIRMAN. Yes; for the State service. I apprehend that what the States are doing is this: They are allotting out of their usual appropriations so much for venereal-disease control, when they were spending that much before, and therefore instead of getting a contribution, you are getting no contribution at all, because

all that you require now is an allotment out of the usual appropriation of the State of $100,000 or $50,000, as the case may be. I presume that you would give to the State of New York, which contains about one-tenth of the population of the whole country, one-tenth of the total appropriation; but suppose New York does not appropriate as much for this health work in 1921 as it appropriated in 1915—then without doing a thing to earn this money, they would simply relieve themselves to that extent, because they know that if they simply make an allotment now, which they would have made anyway, they can get an allotment out of the Federal Treasury. In the absence of such a provision as I have suggested they could get so much Federal money to carry on their usual work.

Dr. STOREY. I do not believe that has happened yet.

Mr. GALLIVAN. Do you know whether it has happened, Mr. Chairman?

The CHAIRMAN. No; I do not. But I know how municipalities and States work to get money from other sources. I can see how that could happen, and I am satisfied it will happen just that way.

Dr. PIERCE. It could happen, but I agree with Dr. Storey, and I do not believe any State has taken advantage of this offer in that manner by simply allotting out of its usual appropriation a certain amount for venereal-disease control so as to entitle them to participate in the Federal allotment; but I can not answer you from any data that I have that that is not the case.

APPROPRIATION BY STATES FOR PUBLIC HEALTH.

The CHAIRMAN. Have you any information available showing the amount appropriated each year by the States for public health and the amount allotted each year for the prevention and control of venereal diseases?

Dr. PIERCE. We could furnish the total amount appropriated for all phases of public health service during any particular year. We have no data, however, prior to this present fiscal year showing the amount allotted for venereal-disease control, because prior to that time the States were not allotting any specific sum for venereal-disease control.

The CHAIRMAN. I wish you would put in the record a statement going back to 1915 or 1916 and bringing down to date the amounts appropriated by the various States for public health service and the amounts allotted out of those appropriations for the prevention and control of venereal diseases, so that we can have before us a picture of the financial side of it.

Dr. PIERCE. I think we can get that up for you, although it may be somewhat incomplete. We may have to leave out a State or so.

The data requested by the chairman is shown below. Attention is invited to the fact that the figures show that all States receiving allotments under the Chamberlain–Kahn Act have increased their annual appropriations for public health work for the year they were required to make appropriations in order to receive Federal assistance.

Appropriations made to State boards of health for five years.

[Amounts for venereal-disease control, shown in separate column, are included in total appropriations.]

	End of fiscal year.	1916	1917	1918	Venereal diseases.
Alabama	Sept. 30		$20,200	$26,200	
Arizona	June 30	$2,800	4,700		
Arkansas	Mar. 31			[1] 15,990	
California	June 30	[1] 171,570	[1] 171,570	[1] 254,540	
Colorado	Nov. 30		19,950	19,750	
Connecticut	June 30	24,000	24,000	55,100	
Delaware	Jan. 5		9,000	9,000	
District of Columbia	June 30	124,475	135,240		
Florida	Dec. 31				
Georgia	do		30,500	30,500	
Idaho	Jan. 1	24,245	[1] 21,497	[1] 21,497	
Illinois	June 30		154,644	225,826	
Indiana	Sept. 30		93,014	93,014	
Iowa	June 30		15,000		
Kansas	do			45,900	
Kentucky	do	30,000	30,000	130,000	
Louisiana	do			30,000	
Maine	Dec. 31	21,000		31,000	$4,000
Maryland	Sept. 30	124,500	123,500	124,500	
Massachusetts	Nov. 30	141,270	278,793		
Michigan	June 30	103,682	58,673		
Minnesota	July 31			125,272	
Mississippi	Dec. 31	322,000	32,500	47,900	
Missouri	do		[1] 26,275	[1] 26,275	
Montana	Feb. 28		39,600	39,600	31
Nebraska	Mar. 31	[1] 9,880	[1] 9,880	[1] 20,300	
Nevada	Dec. 31		3,250	3,250	
New Hampshire	Aug. 31			29,950	
New Jersey	June 30	128,000		145,000	
New York	do		498,040	554,164	
New Mexico	Nov. 30				
North Carolina	do	122,000	134,000		
North Dakota	June 30		2,300	[1] 4,050	
Ohio	do				
Oklahoma	do			58,120	
Oregon	Dec. 31	15,000	12,500	12,500	
Pennsylvania	May 31	2,184,215	2,184,215	2,625,803	
Rhode Island	Dec. 31	24,500		35,000	
South Carolina	do	55,575	74,176	102,241	
South Dakota	June 30		10,900	10,900	
Tennessee	Mar. 19			[1] 30,250	
Texas	Aug. 31			[1] 139,420	15,000
Utah	Mar. 31			[1] 12,650	
Vermont	June 30			42,000	
Virginia	Feb. 28	56,000	60,600	64,000	
Washington	Mar. 31			[1] 25,805	
West Virginia	June 30			34,200	
Wisconsin	do		81,141	94,991	
Wyoming	Mar. 31	2,350	1,750		

[1] One-half of a biennial appropriation.

Appropriations made to State boards of health for five years—Continued.

	End of fiscal year.	1919	Venereal diseases.	1920	Venereal diseases.
Alabama	Sept. 30	$26,200		$90,000	$25,288
Arizona	June 30	5,000		19,700	2,250
Arkansas	Mar. 31	[1] 15,990		[1] 56,035	[1] 17,118
California	June 30	[1] 254,540		[1] 303,400	[1] 25,800
Colorado	Nov. 30	33,950	$8,500	34,250	8,500
Connecticut	June 30			127,500	12,000
Delaware	Jan. 5	21,000	2,500	21,000	2,500
District of Columbia	June 30	199,080		209,990	
Florida	Dec. 31				12,000
Georgia	do	60,000		75,590	15,000
Idaho	Jan. 1	29,150		29,150	[2] 3,540
Illinois	June 30	232,826		343,775	50,000
Indiana	Sept. 30			171,816	29,366
Iowa	June 30	22,800		48,400	15,000
Kansas	do	45,900		68,700	
Kentucky	do	130,000		130,000	
Louisiana	do	50,000		60,000	10,000
Maine	Dec. 31	46,000	8,000		8,000
Maryland	Sept. 30			179,500	
Massachusetts	Nov. 30	334,200	101,350		
Michigan	June 30			230,137	150,000
Minnesota	July 31	160,262		147,707	30,000
Mississippi	Dec. 31	47,900			
Missouri	do	[1] 26,250		[1] 26,250	
Montana	Feb. 28	42,900	4,088	72,988	4,088
Nebraska	Mar. 31	[1] 20,300		[1] 38,982	[1] 12,962
Nevada	Dec. 31	5,000			
New Hampshire	Aug. 31	29,500		32,231	4,681
New Jersey	June 30	175,240		319,676	27,586
New York	do	658,545	30,000	684,540	100,000
New Mexico	Nov. 30			13,000	
North Carolina	do	238,725			23,988
North Dakota	June 30	[1] 4,050		11,634	6,274
Ohio	do	12,805		197,540	25,000
Oklahoma	do	54,940		134,900	43,000
Oregon	Dec. 31	17,000		29,500	12,500
Pennsylvania	May 31	2,675,803		2,667,644	
Rhode Island	Dec. 31	41,500			
South Carolina	do	137,488	10,000		
South Dakota	June 30			21,000	5,000
Tennessee	Mar. 19	[1] 30,250		[1] 41,600	
Texas	Aug. 31	[1] 139,420	30,000		
Utah	Mar. 31	[1] 12,650		[1] 20,500	[1] 4,000
Vermont	June 30	42,000		73,000	3,000
Virginia	Feb. 28	64,000			
Washington	Mar. 31	[1] 25,805		46,054	12,500
West Virginia	June 30	34,200		44,940	7,000
Wisconsin	do			134,991	25,000
Wyoming	Mar. 31	1,750		6,000	2,000

[1] One-half of a biennial appropriation.

The CHAIRMAN. I wonder how thoroughly you are examining into this question before making allotments, because unless the States are in good faith contributing additional amounts for this purpose I do not feel that they are entitled to a penny of this Federal money.

Mr. GALLIVAN. They would be sidestepping of they did that.

Mr. VARE. How is the Federal money apportioned or allotted? You send a check out each month?

Dr. PIERCE. Last year we sent the total amount in a check, because they did not have to appropriate any specific amount. During the present year we are returning to the States one-half of the amount they expend each month.

Mr. VARE. Does the statement show how the money was expended?

Dr. PIERCE. Every penny of this $1,000,000 allotted to the States is accounted for through the Interdepartmental Social Hygiene

Board, and in those statements are included the amounts appropriated by the States. For instance, if a State is entitled to $20,000, the State having appropriated $20,000, they submit a budget for $40,000, and the entire expenditure of $40,000 down to the last cent is accounted for to the Interdepartmental Social Hygiene Board.

The entire details of the expenditures are matters of record here in Washington. So far as the Public Health Service is concerned, we would have no objection to a provision of that nature being incorporated in the appropriation, provided—and I do not mean by that to attempt to dictate to the committee what the phraseology should be—provided we avoid having it too coercive. The States do not want to have a big club held over them in order to get assistance. We are now following a very detailed method of allotting funds to States, and it is somewhat difficult for State officials to comply with Government regulations and Government orders. If we had additional restrictions placed upon these allotments, some of the States undoubtedly would complain. The general purpose of your suggestion, however, is entirely proper.

Mr. GALLIVAN. It is very wholesome.

Dr. PIERCE. Allotments should be made in such a way as to avoid making them too coercive or too restrictive, but a provision that States should increase their health appropriations in order to participate in the Federal allotment would be fair, and it would be in accordance with the intent of the original act.

The CHAIRMAN. Is it your thought that this war-time measure should become a permanent one with an organization for which we are to annually appropriate $1,000,000 to the States?

Dr. PIERCE. It is the duty of the Federal Government to continue to do this until the States have made provision for meeting their own responsibilities. A few moments ago I tried to differentiate between war-time functions and peace-time functions. I think a careful examination of the act will reveal which was intended to meet the military emergency and which was intended to be permanent work.

The CHAIRMAN. Have you a copy of the act with regard to this provision?

Dr. PIERCE. Yes. It is as follows:

Interdepartmental social hygiene board.—That there is hereby created a board to be known as the interdepartmental social hygiene board, to consist of the Secretary of War, the Secretary of the Navy, and the Secretary of the Treasury as ex officio members, and of the Surgeon General of the Army, the Surgeon General of the Navy, and the Surgeon General of the Public Health Service, or of representatives designated by the Secretary of War, the Secretary of the Navy, and the Secretary of the Treasury, respectively. The duties of the board shall be: (1) To recommend rules and regulations for the expenditure of moneys allotted to the States under section 5 of this chapter; (2) to select the institutions and organizations and fix the allotments to each institution under said section 5; (3) to recommend to the Secretary of the Treasury, the Secretary of War, and the Secretary of the Navy such general measures as will promote correlation and efficiency in carrying out the purposes of this chapter by their respective departments; and (4) to direct the expenditure of the sum of $100,000 referred to in the last paragraph of section 7 of this chapter. The board shall meet at least quarterly, and shall elect annually one of its members as chairman, and shall adopt rules and regulations for the conduct of its business.

SEC. 2. That the Secretary of War and the Secretary of the Navy are hereby authorized and directed to adopt measures for the purpose of assisting the various States in caring for civilian persons whose detention, isolation, quarantine, or commitment to institutions may be found necessary for the protection of the military anh naval forces of the United States against venereal diseases.

SEC. 3. That there is hereby established in the Bureau of Public Health Service a division of venereal diseases, to be under the charge of a commissioned medical officer of the United States Public Health Service detailed by the Surgeon General of the Public Health Service, which officer while thus serving shall be an assistant surgeon general of the Public Health Service, subject to the provisions of law applicable to assistant surgeons general in charge of administrative divisions in the District of Columbia of the Bureau of the Public Health Service. There shall be in such division such assistants, clerks, investigators, and other employees as may be necessary for the performance of its duties and as may be provided for by law.

SEC. 4. That the duties of the division of venereal diseases shall be in accordance with rules and regulations prescribed by the Secretary of the Treasury (1) to study and investigate the cause, treatment, and prevention of venereal diseases; (2) to cooperate with State board of departments of health for the prevention and control of such diseases within the States; and (3) to control and prevent the spread of these diseases in interstate traffic: *Provided*, That nothing in this chapter shall be construed as limiting the functions and activities of other departments or bureaus in the prevention, control, and treatment of venereal diseases and in the expenditure of moneys therefor.

SEC. 5. That there is hereby appropriated, out of any money in the Treasury not otherwise appropriated, the sum of $1,000,000, to be expended under the joint direction of the Secretary of War and the Secretary of the Navy to carry out the provisions of section 2 of this chapter: *Provided*, That the appropriation herein made shall not be deemed exclusive, but shall be in addition to other appropriations of a more general character which are applicable to the same or similar purposes.

SEC. 6. That there is hereby appropriated, out of any moneys in the Treasury not otherwise appropriated, the sum of $1,400,000 annually for two fiscal years, beginning with the fiscal year commencing July 1, 1918, to be apportioned as follows: The sum of $1,000,000 which shall be paid to the States for the use of their respective boards or departments of health in the prevention, control, and treatment of venereal diseases; this sum to be allotted to each State, in accordance with the rules and regulations prescribed by the Secretary of the Treasury, in the proportion which its population bears to the population of the continental United States, exclusive of Alaska and the Canal Zone, according to the last preceding United States census, and such allotment to be so conditioned that for each dollar paid to any State the State shall specifically appropriate or otherwise set aside an equal amount for the prevention, control, and treatment of venereal diseases, except for the fiscal year ending June 30, 1919, for which the allotment of money is not conditioned upon the appropriation or setting aside of money by the State, provided that any State may obtain any part of its allotment for any fiscal year subsequent to June 30, 1919, by specifically appropriating or otherwise setting aside an amount equal to such part of its allotment for the prevention, control, and treatment of venereal diseases; the sum of $100,000, which shall be paid to such universities, colleges, or other suitable institutions, as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research, for the purpose of discovering, in accordance with rules and regulations prescribed by the Interdepartmental Social Hygiene Board, more effective medical measures in the prevention and treatment of venereal diseases; the sum of $300,000, which shall be paid to such universities, colleges, or other suitable institutions or organizations, as in the judgment of the Interdepartmental Social Hygiene Board are qualified for scientific research, for the purpose of discovering and developing more effective educational measures in the prevention of venereal diseases, and for the purpose of sociological and psychological research related thereto.

SEC. 7. That there is hereby appropriated, out of any money in the Treasury, not otherwise appropriated, the sum of $300,000 for the fiscal year ending June 30, 1919, to be apportioned as follows: The sum of $200,000 to defray the expenses of the establishment and maintenance of the Division of Venereal Diseases in the Bureau of the Public Health Service; and the sum of $100,000 to be used under the direction of the Interdepartmental Social Hygiene Board for any purpose for which any of the appropriation made by this chapter are available.

SEC. 8. That the terms "State" and "States" as used in this chapter shall be held to include the District of Columbia.

Mr. BYRNS. Will the States ever assume the obligation in this respect so long as the National Government continues to put up the money, either in whole or in part?

Dr. PIERCE. They are assuming at least half of it, and in many instances more than half; and through the expenditure of other appropriations, which could not properly be called specifically for venereal-disease control, they are carrying on work of this character. I have in mind Mr. Good's own State. The State Legislature of Iowa appropriated only $15,000 for venereal-disease control, but they also passed a law directing the various counties to establish institutions for the treatment of venereally infected persons; but Iowa can not claim an allotment from the Government to equal the amount spent by the various counties, because that does not comply with the wording of the law. But they are spending more than four or five times as much as the legislature has appropriated.

Mr. BYRNS. Following out the suggestion of the chairman a moment ago, could you state, in a general way, whether the States are now making greater appropriations—I mean in any decided way—for public health services in general than they were a year or more ago?

Dr. PIERCE. They are. I can assert as my firm belief that they are, but, unfortunately, I can not give you the figures until data are collected for insertion in the printed hearings.

Mr. BYRNS. Is that general or confined to a few States?

Dr. PIERCE. It is general. Every State has increased its annual appropriations for the general health purposes; each year they increase them, and there have been some very marked increases during this past year. We would be very glad to make all of that a matter of record, if you desire.

Dr. STOREY. We require, whenever a State attempts to qualify for this appropriation for this present year, that the fact be certified to by the State treasurer that an appropriation has been made for these purposes. The Secretary of the Treasury, who is authorized by this act to promlugate regulations under which this money is to be expended in the States, in section 5 of his regulations has the following language:

> Funds that may become available from legislative appropriations must not be conserved through the expenditure of funds allotted by Congress.

So, by a regulation and due process of law a State is not permitted to conserve its own funds by spending our funds. As I think over the certificates that have come into my office from State treasurers, they have, as a rule, been accompanied by copies of the legislative action of the State—not always, but in most cases—indicating that the State has set aside through its legislative procedure an appropriation which will entitle that State to a part of this appropriation from the Government. I may say in addition that such things as this have happened: That where a State legislature did not make this appropriation, the counties have made an appropriation, which they have turned in to the State treasurer, and then those appropriations were used by the State to balance the part of the appropriation made by the Government. They did not use the money already given them for any other public health purpose, but used the counties' contributions.

EXPENDITURE OF ALLOTMENT UNDER REGULATIONS PROMULGATED BY SECRETARY OF TREASURY.

Mr. MAGEE. Who controls the money appropriated, the State appropriating half and the Government appropriating half?

Dr. STOREY. The governmental appropriation goes to the State treasurer from the Interdepartmental Social Hygiene Board.

Mr. MAGEE. Does the State have jurisdiction in relation to the manner of the expenditure of the fund?

Dr. STOREY. Under the regulations promulgated by the Secretary of the Treasury and under the regulations which we have——

Mr. MAGEE (interposing). I mean in the case of an Army or naval force, have you anything to say as to where the funds shall be expended?

Dr. STOREY. You are referring to the other appropriation?

Mr. MAGEE. I am referring to the allotment. Does your work end with the allotment of the money?

Dr. STOREY. No, sir; we have these regulations——

Mr. MAGEE (interposing). I understand that, but I am getting at the facts, briefly, as to what you do. Who has charge of the expediture of the money or where it shall be expended?

Dr. STOREY. Each State agrees to spend it along certain lines and presents to us a budget showing what it is going to do with the money; then at the end of the month it sends us a statement as to what it has spent, and if the expenditure is in accordance with the regulations laid out by the Secretary of the Treasury and the budget agreed upon, we send 50 per cent of the amount covered by the monthly statement.

Mr. MAGEE. Suppose they spend money in places where there is no Army or naval force?

Dr. STOREY. The appropriation about which we are speaking now has no relation to the Army or Navy. This appropriation is for the assistance of the States in the prevention, treatment, and control of venereal diseases.

Mr. MAGEE. Then the State spends the money where it pleases, subject to your approval?

Dr. STOREY. Yes, sir; subject to regulations that are laid out; but the purposes for which they may spend it are specified by the promulgations of the Secretary of the Treasury.

Mr. BYRNS. Then, as I understand, you have no jurisdiction or, rather, you assume no jurisdiction or control over the amount of money allotted to each State out of this particular appropriation except in the way you have suggested; that is, you have the State boards submit a budget to you showing just how they have spent the money?

Dr. STOREY. How they propose to spend it.

Mr. BYRNS. And if that meets with your approval, then you remit to them whatever portion they are entitled to?

Dr. STOREY. Not exactly. If that meets with our approval, we say, "Go ahead," and then at the end of the first month they send in their statement to us covering their disbursements, and if the presentation of these facts are in accord with the method of accounting adopted by the Government and under the limitations imposed by

Congress, by the Secretary of the Treasury, and by this board, we pay them 50 per cent of what they have spent. We have a very careful system of accounting; it is so careful that it is sometimes annoying.

Mr. Magee. If it does not meet with your approval, then what?

Dr. Storey. We do not make the appropriation. We send back the statement and explain the reason why we think we can not approve the proposition or the expenditure. Then then revise the budget and we get together; as a matter of fact, I think everything has been ironed out when there has been an occasion for a diffrence between our judgment here and the judgment of various State health officers; but these differences have been the occasion for a great deal of delay and a great deal of dissatisfaction in organizing this work. But we want our accounts to show at any time where every cent has gone and that it has gone in conformity with the provisions carried by this act.

The Chairman. How much can we cut this item with propriety?

Dr. Storey. I should think it would be unsafe to cut at all. The chances are that Pennsylvania, Nevada, and the District of Columbia will not make their appropriations, but if you proceed on that assumption and they make their appropriations, as they are being encouraged to do, there would not be enough money in the total appropriation to satisfy those States.

The Chairman. In reading extracts from the Army appropriation act I was not sure, Doctor, that this was intended as a permanent thing but only permanent during the two years for which the appropriations were made.

Dr. Storey. I am sorry I have not with me the record of the hearings held before the Senate committee when this was presented for the consideration of that committee. I should have asked Mr. Chamberlain when he was here to restate his position. It was very clearly emphasized by Senator Chamberlain at that hearing that, in his mind, this work was to be more than a war measure.

The Chairman. Of course, they could only appropriate for two years, and I was not quite clear about that matter from a reading of the provision. A provision carried in an annual appropriation bill without express provision dies with the appropriation.

Mr. Gallivan. You mean it would go out on a point of order?

The Chairman. If that provision was not permanent law but only for a two years period, then any amount carried would be subject to a point of order. But it is a long provision, and I have not had an opportunity to study it with the greatest care.

Dr. Storey. But Senator Chamberlain made the point that the continuity of these provisions depended upon the continuation of appropriations. I am not wholly familiar with the meaning of legislative terms here in Washington, but I have studied the bill pretty carefully and I have found nothing in it that made me feel it was going to die at the end of a year or two years.

Mr. Magee. Is there any limitation in the bill as to the period of its effectiveness?

Dr. Storey. No, sir; the only limitation was as to appropriations, two appropriations for one year and three appropriations for two years.

For Payments to Universities for Medical Research, Etc., in the Treatment of Venereal Diseases.

The Chairman. You are asking $100,000 for payments to universities, and so forth, venereal diseases.

Dr. Storey. Yes, sir. There should be an addition made to your heading. That should read "Payments to universities, and so forth, for medical research for the prevention and treatment of venereal diseases," in contradistinction to the next heading, which is "For payments to universities, and so forth, for research in educational measures, venereal diseases." That $100,000 is for a medical research.

The Chairman. As a peace-time proposition, is not this setting a pretty bad example—that is, for the Federal Government to commence to contribute to colleges and universities? I am a trustee of a college; they had a training school last year and the Government paid for the training of those troops, and now I think every member of the board of trustees feels that the Federal Government should contribute a like amount for the support of that institution, which is an endowed institution, and they would very gladly take all they could get out of the Federal Treasury. If we commence this, we are supporting by the taxation of every taxpayer a State institution, and the National Government has no such power. Its powers of taxation are very much restricted. Here is a proposition that goes to the health of a community; it is to prevent the spread of a disease and the people of the State are interested in it. Now, why should we take out of the Federal Treasury something for the support of those universities that have such a broad field from which to draw their revenues?

Dr. Storey. This appropriation of $100,000 is for scientific research for the discovery of better medical prevention and treatment of venereal diseases. They are diseases which have received entirely too little attention in all the time that has passed. We have known too little about the prevention and treatment and too little about the causes of these very important diseases. The $100,000 that was spent a year ago has had to do with one of the most promising research campaigns that I know anything about for the discovery of better methods for the prevention and treatment of diseases that are a general public menace, a menace that reaches every State and every community. It seems to me there is a very good reason why the Government should encourage the discovery of more effective prevention and more effective treatment of diseases that are so disastrous to the public as a whole. There has never been a time, at least not in recent years, when our scientific institutions were more in need of help than they are now. Their sources of revenue are not as satisfactory by any manner of means as they were some years ago. If we are going to preserve this source of information and make it bring us a better type of scientific information that we ought to have, we must give the institutions assistance.

Mr. Gallivan. How long have they had this assistance?

Dr. Storey. This is the second year.

Mr. GALLIVAN. And what results have they shown?

Dr. STOREY. Well, it takes some time for a scientific investigation to be completed and the results to be brought out and tested. Up to the present time perhaps the most important result that has come out was that published by the Brady Urological Institute of the Johns Hopkins University. A new compound has been developed there which is being used for the treatment of gonorrhea and chancroids. It is an irrigating fluid that has a deeper penetrability and less irritability to the tender tissues of the human body, less than the ordinary methods of treatment in the past have carried, and it is a germicide for the organism that causes gonorrhea. If that one research is as valuable as it appears to be it will be at the disposal of an enormous number of men and women; it will greatly reduce their time of incapacity because of gonorrhea, and it will relieve an enormous number of chronic cases that heretofore have been very difficult to handle. That is the promise of this research. If that research produces the results that it appears to promise at the present time it is worth everything that has gone into it and a great deal more.

The CHAIRMAN. Can you give us a statement as to the expenditure in 1919 of the $97,670, at the universities and technical schools?

Dr. STOREY. You mean a list of the institutions?

The CHAIRMAN. Yes; and the amounts received by them.

Dr. STOREY. I will insert such a list.

Allotments from the scientific fund for the discovery of better medical methods of treatment and prevention of venereal diseases, for the fiscal year ending June 30, 1919:[1]

Stanford University Medical School, San Francisco, Calif.:[1]

1. Investigation into more effective treatment in acute and chronic gonorrhea	$2,300
2. The permeability of the meninges to antisyphilitic drugs—an attempt to increase their permeability	2,300
3. Investigation into more effective methods of treating syphilis	2,600
Total	7,200

Johns Hopkins Medical School, Baltimore, Md.:

1. Experimental study of various methods of early treatment of venereal infection with the object of developing simpler technic, more efficient and less expensive drugs.	
2. Development of new synthetic drugs for the treatment of gonorrhea.	
3. Manufacture and investigation of a series of new organic compounds in the treatment of syphilis.	
4. Manufacture and investigation of a series of penetrating organic dyes in the treatment of chancroids	19,050

University of Michigan College of Medicine, Ann Arbor, Mich.:

A research for an improved method of demonstrating the spirochaeta pallida in human tissues	6,000

Jefferson Medical College, Philadelphia, Pa.: A series of studies for the recognition and diagnosis of treponema pallidum in venereal diseases and the effect of various drugs and materials as germicidal agents against treponema pallidum 2,500

NOTE.—This research has been completed.

Subsequent allotments up to date, February 15, 1920:[1]

[1] Essential expenses borne by each institution, yet not considered in the above, but which must be remembered, are cost of equipment, supplies, maintenance, light, heat, repairs, replacements, and general administration, amounting to large sums.

Yale University School of Medicine, New Haven, Conn.:

1. Effect of anilin dyes, particularly the Gentian violet, on the gonococcus, with reference to the growth of the organism in media containing the dye, and with reference to the effect on organisms in tissue (therapeutic effect)	$1,100
2. An intensive study of methods for the isolation and identification of the gonococcus with a view to the determination of the homogeneity or heterogeneity of strains and their etiological relationships	2,000
3. The demonstration of syphilitic nature of unusual lesions encountered at the post-mortem table	2,000
Total	5,100

John McCormick Institute for Infectious Diseases, Chicago, Ill.: An investigation for the establishment of a better and more definite standard of cure in the gonorrheal infection of the male 3,600

Northwestern University, Evanston, Ill.: A synthesis of organic compounds containing arsenic of possible value in the treatment of syphilis of the central nervous system 3,500

University of Illinois, Urbana, Ill.: The preparation of new organic compounds which may have therapeutic value 3,500

State University of Iowa, Iowa City, Iowa: A selective medium for the isolation and cultivation of the gonococcus 1,000

Harvard Medical School, Boston, Mass.: An investigation of the properties contributing to the toxicity of arsphenamine 7,000

Massachusetts State Psychiatric Institute, Boston, Mass.:

1. An investigation of the changes effected in the central nervous system by the treatment of cases of neurosyphilis	4,200
2. An investigation of the family of the syphilitic	5,000

University of Minnesota Medical School, Minneapolis, Minn.:

1. A study of the permeability of bacterial membranes, particularly the organisms of venereal disease	3,250
2. Investigation of the chemical and physical properties of the cerebrospinal fluid in the luetic and nonluetic	2,000
3. Investigation of phenol alcohol derivatives in relation to their antisepsis and chemotherapy of the gonococcus and spirochaete	3,000
Total	8,250

St. Louis University School of Medicine, St. Louis, Mo.: Studies in infection by gonococci 3,000

Washington University School of Medicine, St. Louis, Mo.:

1. The laboratory (biological) investigation of the latent syphilitic as a "carrier"	3,200
2. A study of hereditary transmission of syphilis	5,000

University of Nebraska College of Medicine, Omaha, Nebr.:

1. Investigation relative to the development of an internal urinary antiseptic.	
2. Investigation of the value of certain anilin dyes in the treatment of gonorrhea	5,000

Cornell University Medical College, New York City: Serological study of the gonococcus group 7,440

Albany Medical College of Union University, Albany, N. Y.:

1. Studies on the nature of the Wasserman reaction	1,700
2. An attempt to produce generalized infection in lower animals with treponema pallidum or gonococcus	2,680

Woman's Medical College of Pennsylvania, Philadelphia, Pa.: A serological study of syphilis in pregnant women and new-born children with special reference to the efficacy of the accepted methods of syphilitic treatment 1,550

University of Wisconsin, Madison, Wis.: An attempt to prepare mercurial and arsenical compounds which have a predilection for the central nervous system, in the hope of finding drugs more useful than any known in the treatment of syphilis of the central nervous system 8,000

NOTE.—The allotments of this board are restricted to payment for technical research assistants (subordinates only) and materials, including report on the undertaking. Essential expenses borne by each institution yet not con-

sidered in the amounts listed above—but which must be remembered—are direction and leadership of the research, cost of maintenance, ordinary supplies, replacements, repairs, light, heat, and general administration, amounting to large sums.

The CHAIRMAN. Instead of scattering it around in this way it would seem to me it would be more advisable to hire one or two men, who are preeminent in the study and investigation of these diseases, and let them go to a laboratory and there study the proposition, study nothing else, rather than to send it around to some of these universities and help them somewhat lighten their load and do a little work on the side.

Dr. STOREY. The board does not pay for the services of the leaders or directors of these scientific researches. It assists such men and women by enabling their institutions to employ technical asistants and purchase special equipment and supplies. The institutions furnish and pay the salaries of these men of scientific preeminence. By this arrangement the Government secures the cooperative service of the best-trained scientists and the use of the best equipped laboratories in America. In deciding where to place our assistants we have adopted the following plan: We communicate with laboratories that have in them men of undoubted scientific ability and find out if they have in mind special researches which are concerned with the development of better methods of prevention and treatment of venereal disease which they can not carry out without governmental assistance. For instance, at the Harvard Medical School Reid Hunt, perhaps the most capable man in America for the type of work he is doing, is studying the toxicity of arsephenamine and other products for the cure of syphilis. You can not pick up any scientist and say, "This man can do this type of work." You must pick out a man who has been working along special lines that are nearly related to the research you propose. We have in Cornell Dr. Torry a man who is preeminently qualified to work on the bacteriology of gonorrhea. Dr. Torry has been working along such lines in the past and has laid out a problem which we believe is a source from which we may secure information to help us handle that disease. I have mentioned two men. There are 25 or 30 other "leaders" whom I might reveal. In our procedure men come to us with problems which must satisfy us as to their probable value. We do not go to them and suggest problems to them. In every case the board has based its approval of an appropriation primarily on the fact that the institution concerned has a man in its employment who is preeminently qualified for scientific research along the line proposed.

The CHAIRMAN. Will you expend all of your $100,000 this year?

Dr. STOREY. I think it is likely we will. At the present time we have not spent very much of this fund, but the season for laying out plans for an academic year is during the spring term, as you know.

FOR PAYMENTS TO UNIVERSITIES, ETC., FOR RESEARCH IN EDUCATIONAL MEASURES, VENEREAL DISEASES.

The CHAIRMAN. Then you are asking $300,000 "For payments to universities, and so forth, for research in educational measures, venereal diseases." How is this appropriation differentiated from the preceding appropriation?

Dr. STOREY. The preceding appropriation was for the discovery of better medical methods for the prevention and treatment of venereal diseases while this appropriation is for the development or discovery of better educational methods in the prevention of venereal diseases. The board has taken the position that it would be unwise to influence normal schools, colleges, and universities, to make a separate presentation of the preventive hygiene of venereal diseases, but that the logical thing to do was to asist them to weave such instruction into a logical presentation of hygiene as a complete curriculum subject. So the board has outlined a program, which it recommends to normal schools, colleges, and universities, that train teachers and other useful citizens of the future, whereby they may have instruction concerning the elements of hygiene, including a full guaranty to lay particular emphasis on the venereal diseases, their causes, carriers, injuries, and preventions. We hope to make this inclusion a normal and regular part of the instruction of the teacher of the future, so that she or he may be able to handle problems of this character with due respect to the age and needs of the pupil or student.

The CHAIRMAN. In 1919, you expended $175,390 for this purpose and you had an appropriation of $300,000. Are you going to spend all of the $300,000 this year?

Dr. STOREY. I think so; yes, sir.

The CHAIRMAN. How much is it going to cost to fix a standard for teaching how to prevent the spread of venereal diseases?

Dr. STOREY. We hope to reach each State with the appropriation that was made to us, but how long it will take to accomplish our purpose I do not know. This investment is going to produce dividends in the next generation.

The CHAIRMAN. Are you going to put a teacher in each school?

Dr. STOREY. No; but we want every teacher eventually to be as well trained in the elements of hygiene as she is in the elements of English or arithmetic. We believe this is one of the most important things a teacher can do. There is no one who has the same relationship to the child that a teacher has except a mother. If you want to get the right kind of education into the human mind you must begin in the home and in the school, so that the parents and the teachers are the people who need education if you would reach the children. I spoke of 13,500 cases that we made careful examination of under another appropriation. Nearly every one of those records indicates poor home conditions, a lack of the right kind of hygienic education in the early age period of the child. We find many cases where girls have left school entirely too early and have become delinquent. It is our belief that this is a very important factor in the solution of this problem. We expect to get at its solution through State universities, State normal schools, etc.

The CHAIRMAN. How do you get at it?

Dr. STOREY. We began our campaign through the chief educational officer of each State and asked him to indicate to us the normal school or college or university in his State that would be most likely to have an effective educational influence upon his State. Then we get into communication with the president of the institution indicated and submit to him our plans. We send him an announcement in which we outline a department of hygiene, the

organization of which we feel can carry this type of education effectively. We send with that announcement an application blank which carries an agreement on the part of the institution to select people of known expert training and known capacity for this kind of work and to put in operation the courses outlined in the announceemnts. We do not, sir, attempt to dictate in any way the methods of instruction or the contents of instruction; we believe that in dealing with such an institution we can rely upon its educational intelligence and education experience to decide what is best for its particular group of students.

The CHAIRMAN. Suppose they sign this application, do they then get a part of the appropriation?

Dr. STOREY. We make an appropriation to them and they agree to furnish us with a monthly statement of their disbursements from that appropriation.

The CHAIRMAN. Can you give us for the first six months of this year a list of the universities and colleges to which disbursement was made?

Dr. STOREY. Yes, sir; I have that list here. This is for the appropriation made in 1919, up to June 30th, and this is for 1920.

The CHAIRMAN. This is for 1919?

Dr. STOREY. Yes, sir.

The CHAIRMAN. Can you furnish for the record the disbursements for the first six months of this year?

Dr. STOREY. Yes, sir; everything that has been done.

Allotments for establishing or enlarging in normal schools, colleges, and universities, "Departments of hygiene, the curricula of which shall include informational and applied hygiene emphasizing with appropriate and due proportion and with proper tact and persistency the serious importance of venereal diseases, their causes, carriers, and prevention; and emphasizing at the same time the other important facts and applications of general hygiene, individual hygiene, group hygiene, and intergroup hygiene."

FOR FISCAL YEAR ENDING JUNE 30, 1919.[1]

Institution and address.	Amount paid by board, 1919.	Amount paid by institution.	Teachers.	Student personnel.
Colorado State Teachers' College, Greeley, Colo.	$7,440.00	$4,960.00	6	1,615
Northwestern University, Evanston, Ill.	5,000.00	13,370.00	11	1,475
Indiana University, Bloomington, Ind.	6,200.00	17,500.00	11	595
Louisiana State Normal School, Natchitoches, La.	4,300.00	4,300.00	10	1,448
Maryland Normal and Industrial School (colored), Bowie, Md.	2,400.00	300.00	5	75
Maryland State Normal School, Towson, Md.	4,000.00	1,200.00	5	150
Harvard University, Cambridge, Mass.	13,600.00	14,075.35	52	900
Michigan State Normal School, Ypsilanti, Mich.	3,225.00	17,475.00	14	1,680
Winona State Normal School, Winona, Minn.	5,300.00	5,300.00	6	370
Alcorn A. & M. College (colored), Alcorn, Miss.	5,120.00	1,080.00	6	82
University of Missouri, Columbia, Mo.	7,000.00	25,310.00	12	555
Valley City Normal School, Valley City, N. Dak.	3,800.00	14,000.00	7	526
University of New Mexico, Albuquerque, N. Mex.	6,600.00	22,000.00	6	319
Cornell University, Ithaca, N. Y.	32,565.00	21,355.00	27	5,000
New York State Teachers' College, Albany, N. Y.	7,720.00	3,100.00	6	760
Reed College, Portland, Oreg.	3,600.00	6,200.00	9	510
University of Pennsylvania, Philadelphia, Pa.	6,900.00	2,500.00	7	405
Woman's Medical College, Philadelphia, Pa.	2,550.00	350.00	2	69
University of South Carolina, Columbia, S. C.	3,020.00	3,130.00	5	74
University of Utah, Salt Lake City, Utah	12,000.00	5,390.00	9	459
Bellingham Normal School, Bellingham, Wash.	6,000.00	6,000.00	7	560
State Normal School, Cheney, Wash.	3,550.00	3,550.00	5	450
State Normal School, Milwaukee, Wis.	7,600.00	21,855.00	12	475
Total	159,490.00	215,330.55	240	18,152

Essential expenses borne by each institution, yet not considered in the above, but which must be remembered, are cost of equipment, supplies, maintenance, light, heat, repairs, replacements, and general administraion, amounting to large sums.

Allotments for establishing or enlarging in normal schools, etc.—Continued.

SUBSEQUENT ALLOTMENTS UP TO DATE, JAN. 12, 1920.

Institution and address.	Amount paid by board, 1919.	Amount paid by institution.	Teachers.	Student personnel.
University of Iowa, Iowa City, Iowa	$5,500	$64,000	2	600
University of Mississippi, University, Miss.	8,100	9,100	19	380
State Teachers' College, Kirksville, Mo.	4,650	6,020	8	395
State Normal and Trainng School, Oswego, N. Y.	3,550	2,600	3	300
Northern State Normal and Industrial School, Aberdeen, S. Dak.	6,750	10,300	7	1,253
Fisk University (colored), Nashville, Tenn.	5,000	4,200	5	218
Total	33,550	96,220	35	3,146

Allotments for lecture courses in social hygiene at summer schools for teachers, 1919.[1]

San Diego State Normal School, San Diego, Calif.	$75
University of Florida, Gainesville, Fla.	100
Northern Illinois State Normal School, DeKalb, Ill.	100
Teachers' College of Indianapolis, Indianapolis, Ind.	75
Michigan State Normal School, Ypsilanti, Mich.	150
Washington State Normal School, Bellingham, Wash.	300
Milwaukee State Normal School, Milwaukee, Wis.	200
Total	1,000

Organizations conducting special researches.[1]

Institution and address.	Amount paid by board.	Date.	Description of research.
Johns Hopkins University, Baltimore, Md.	$6,600	June 30, 1919	For investigating the informational and educative effect upon the public of certain motion picture films used in various campaigns for the control repression, and elimination of venereal diseases. (Research began about July, 1919.)
American Social Hygiene Association, New York, N. Y.	15,000	Oct. 18, 1919	For the production of new educational motion pictures in the field of social hygiene. (Research began about November, 1919.)
Do.	11,000	....do.....	For the production of special printed matter bearing on the prevention of venereal diseases. (Research began about November, 1919.)
Total	32,600		

[1] Essential expenses borne by each institution yet not considered in the amounts listed above but which must be remembered—are direction and leadership of the research, cost of maintenance, ordinary supplies, replacements, repairs, light, heat, and general administration, amounting to large sums.

The CHAIRMAN. Are you disbursing to the same institutions which you paid to last year?

Dr. STOREY. The institutions that received appropriations last year are being inspected now by the expert to whom I referred earlier in this conference. They will be called upon to give us reports concerning the success of their work. They may or may not make application for continued work. If a new appropriation is

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made, it will be based on the quality of work done and the promise of the future.

The CHAIRMAN. Do you expect to complete this work this year?

Dr. STOREY. I am afraid not. I wish we could. I believe this is part of a tremendously big problem. It is not a superficial thing at all. It is a program made up of a number of parts, and if you handle one part and do not handle other parts you will fail to accomplish the thing you are after. Educaton is perhaps the most important part of this whole program.

The CHAIRMAN. Do you expect to make the same contributions to all of the universities in the United States?

Dr. STOREY. No, sir; in general we can go no farther than to reach one institution in a State.

The CHAIRMAN. And for one year?

Dr. STOREY. Yes, sir; our appropriations are for one year.

The CHAIRMAN. How long will it take you at your present rate of appropriation to complete your program.

Dr. STOREY. Well, we have now reached, I suppose, 26 or 27 States. There are left 21 States, which we are negotiating with. You asked me a moment ago if our appropriations were for one year. Each appropriation is for one year. Many of these institutions will come back and ask for additional appropriations for another year. Our repetition of an appropriation will depend on the type of work that is being done and the promise that the institution gives of an effective influence upon the people.

The CHAIRMAN. In 1919 to the University of New Mexico you gave $6,600 out of this appropriation. What did the University of New Mexico do with that money?

Dr. STOREY. I do not remember the details, sir. The budget which they laid out for us specified what they would do under the program as agreed upon; that is, the number of teachers they would employ and the number they are employing themselves. Please bear in mind that each one of these institutions is paying sometimes a very much larger amount than the Government pays. What New Mexico has paid I do not remember. The University of Pennsylvania, for instance, is paying perhaps $40,000 or $50,000 in addition to the sum that we pay the University of Pennsylvania. The institution furnishes not only a certain sum for the personal services of its employees, but it furnishes equipment and supplies, illumination, heat, ventilation, and so on. We pay for nothing but personal services under this appropriation.

The CHAIRMAN. Do you require in each case some conrribution from the university in the way of the employment of teachers in this educational work and in addition to what you contribute?

Dr. STOREY. We have not made that a requirement, but it has operated in every case. For instance, the University of Iowa, to which we made a contribution this year, has a very large budget of its own. We have made a small appropriation, employing but one person, the director.

The CHAIRMAN. You have made an appropriation to the American Social Hygiene Association of $11,000?

Dr. STOREY. I am glad you brought that up.

The CHAIRMAN. And one of $15,000?

Dr. STOREY. Yes, sir. The section of the act which carries this appropriation provides not only for better educational methods and

demonstration but also for sociological and psychological research relating to educational method. Among other things, with our help the American Social Hygiene Association is developing several educational films relative to sex hygiene, a lecture film, general social hygiene film, a film for normal schools, one for adolescent boys, one for women, and one for physicians. This is a very important piece of work, carried out, I think, by the very best equipped organization of its kind in the country.

We made appropriations to Johns Hopkins and to the American Social Hygiene Association for special researches.

The Johns Hopkins investigation is to inquire into the educational and informational values of certain motion pictures concerning which we have had a very decided difference of opinion. Some think they were the finest things that had been done for driving home the lessons of venereal disease to soldiers and sailors. Others think they were a very great mistake. To get a safe judgment on these films a group of psychologists, headed by Dr. Watson, of Johns Hopkins, took up the problem of investigating the influence of these reels upon certain types of audiences. We hope to get some expression of opinion that will enable us to decide whether that sort of thing should be continued or stopped.

The CHAIRMAN. If you continue this work, you would see no necessity for making another appropriation to the Public Health Service for films?

Dr. STOREY. Our appropriation is for the construction of original films, not for the marketing and not for the circulation of the films. If we develop fine films, then the Public Health Service will use those films; we will not; we have no authority to purchase films and send them around the country. The Public Health Service has. The Public Health Service, we trust, will find something very useful as a result of these investigations.

Mr. VARE. In the event of the psychologists reporting adversely about the motion picture part fo your educational work, as to its being carried to its logical conclusion, it would not prohibit taking that up by the educational institutions of the States?

Dr. STOREY. It would not, but it would be a very strong argument to them not to use such a film, I think one would hesitate a long while to go against such a judgment arrived at after careful investigation. Of course, we do not all agree; even the best informed are sometimes on opposite sides.

The CHAIRMAN. I suppose you have arrived at no definite conclusion as to how long you will need appropriations to complete this study, or is there any end to it?

Dr. STOREY. You mean the appropriations for venereal diseases?

The CHAIRMAN. Educational methods.

Dr. STOREY. No; that limitation I had not thought of. Each one of these institutions agrees to make every reasonable effort to support its own activity without any governmental assistance. Our appropriations have been made for one year only and we have made it clear that there is no guarantee that our appropriation will be repeated.

The CHAIRMAN. There will be no end to it?

Dr. STOREY. I do not believe that is a safe judgment at all.

The CHAIRMAN. I hope it is not.

GENERAL STATEMENT BY SENATOR CHAMBERLAIN.

Senator CHAMBERLAIN. Mr. Chairman, as chairman of the Senate Committee on Military Affairs during the period of the war, my attention was called to the serious conditions in civil life arising from venereal troubles. As you will remember, the men were called into the service under the selective-service law in September, and sometime early in the year 1918 we began to hear from the War Department and the military service that many young men coming into the service were infected with venereal disease. The question then arose as to whether, or not, the Committee on Military Affairs should take some steps in the matter, or should undertake to effect a cure of the trouble at its source. Under the old law, men affected with venereal disease were not accepted for military duty, but were simply turned adrift as unfit for military service. It was thought, however, that this condition might be remedied if proper legislation were had, and that we might eliminate it among the civil population and measurably control it in the Army. Therefore, we began to have hearings in the early part of 1918, and this act, under which appropriations are now being asked, was formulated.

The bill was introduced in both the House and Senate, and was attached by the Senate as a rider on the appropriation bill in 1918. It has been beneficial to the Army, and, I think, it has been of assistance to the civilian population as well. The men affected with these diseases who were taken into the Army were, in most cases, restored to useful life, whereas, under the old system, they would have been turned loose in the civilian population and would have been germ or disease carriers. The result has been most beneficial, and, as I have said, they were received in the Army for military duty. Gen. Chas. H. Martin, who commanded a division in France, and who went with the Army of occupation to Coblenz, told me that when he returned to Brest, in that division of 28,000 men only 12 were affected with venereal disease. From this it would appear that they have greatly limited and restricted the contagion in the Army. The exact statistics on this subject can be obtained from the Surgeon General, and it is, therefore, unnecessary for me to undertake to enlighten you gentlemen on that phase of the subject. Statistics are available showing the number of men affected with the disease in the civilian population before going into the Army, and the number affected after going into the Army. It is a very interesting story, and I referred to it in a short address in the Senate yesterday. I would like to see the work continue, and the benefits made available, not only for military purposes, but for the country generally. I hope it will go on, and that the States will assist in controlling and stamping out these diseases.

That is about all I desire to say on the subject. I have been deeply interested in the matter since the law was enacted in 1918, and have studied to some extent the reports of the military authorities, but I have not kept in intimate touch with the work of this Interdepartmental Social Hygiene Board.

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